EDS   **INDIANA HEALTH COVERAGE PROGRAMS**

Systems Documentation – Financial I

Revision History

Document Version Number	Revision Date	Revision Page Number(s)	Reason for Revisions	Revisions Completed By
Version 1.0	December 2000	All	New Document	Gina Lacy
Version 1.1	February 2001	Sections 8, 25, and 26	New changes from CSRs #IN012501, #IN012416	Karen Girgis
Version 1.2	August 2001	Sections 2, 45, and 46	New changes from CSR #IN012476	Karen Girgis
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Version 3.0	August 2004	All	HIPAA updates, repaginate to print double-sided, converted fonts and margins to style guide standards, changed name throughout to *Systems Documentation* from *TP Users Guide.* Updated CPT/CDT disclaimer.	Finance Unit/Systems/ HIPAA Publications

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<div align="right">

Section 1: Main Menu Window

</div>

Introduction

The main menu is the initial window viewed in the Indiana*AIM* Finance application. This window accesses the windows shown in Figure 1.1.
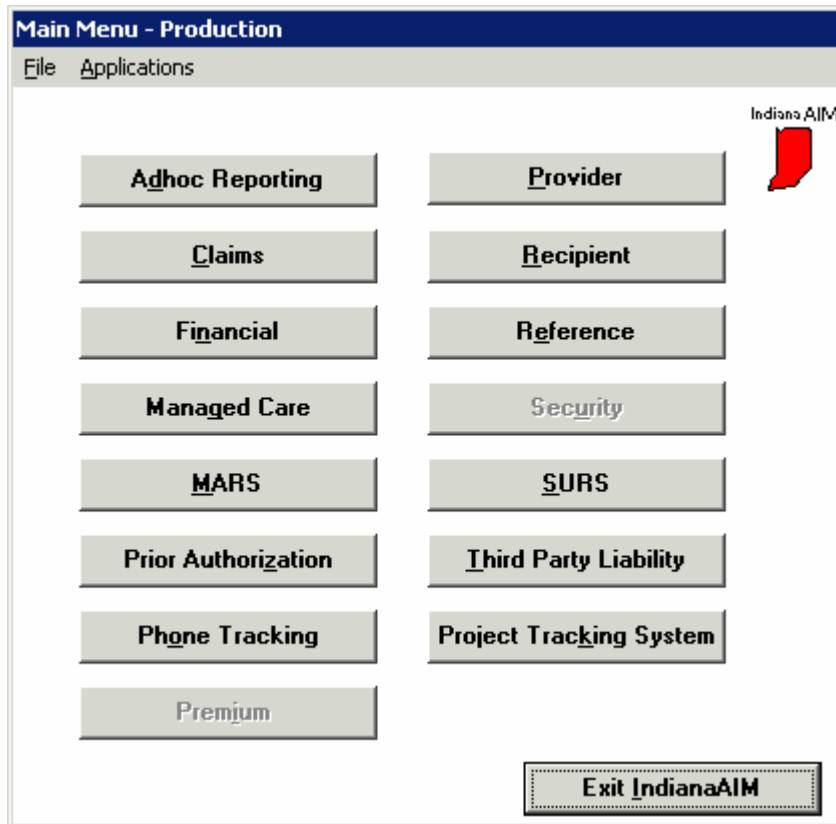
Figure 1.1 – Main Menu Window

Main Menu	
File	Applications
Exit	Ad hoc Reporting
Exit Indiana*AIM*	Claims
	Financial
	Managed Care
	MARS
	Phone Tracking
	Premium
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability
	System Parms
	Research/Project Tracking System
	Long Term Care
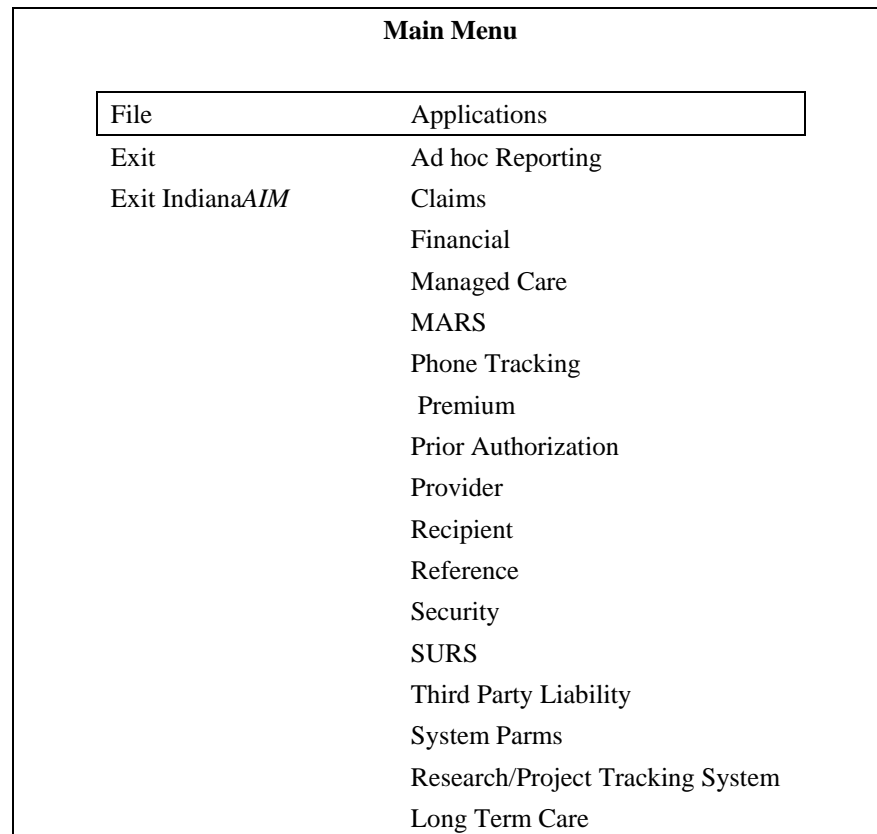
Figure 1.2 – Main Menu Window Tree

Figure 1.2 is an illustration of the Main Menu Window Tree. All menus are in single-line boxes. This illustration shows the overall menu commands and window options in the Main Menu system.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

System Information

PBL – MAIN.PBL

Window – W_MAIN_MENU

Menu – M_MAIN_MENU

Data Window – NONE

System Features

Click **Ad hoc Reporting** to access the main menu for that functional area.

Click **Claims** to access the main menu for that functional area.

Click **Financial** to access the main menu for that functional area.

Click **Managed Care** to access the main menu for that functional area.

Click **MARS** to access the main menu for that functional area.

Click **Phone Tracking** to access the main menu for that functional area. Click **Premium** to access the main menu for that functional area..

Click **Prior Authorization** to access the main menu for that functional area.

Click **Provider** to access the main menu for that functional area.

Click **Recipient** to access the main menu for that functional area.

Click **Reference** to access the main menu for that functional area.

Click **Security** to access the main menu for that functional area.

Click **SURS** to access the main menu for that functional area.

Click **Third Party Liability** to access main menu for that functional area.

Click **System Parms** to access main menu for that functional area.. Click **Research/Project Tracking** to access main menu for that functional area.

Click **Long Term Care** to access main menu for that functional area

Click **Exit Indiana***AIM* to exit Indiana*AIM*.

Section 2: Financial Menu Window

Introduction

The Financial Menu is the initial window viewed in the Financial functional area. This window accesses the following windows shown in Figure 2.1:
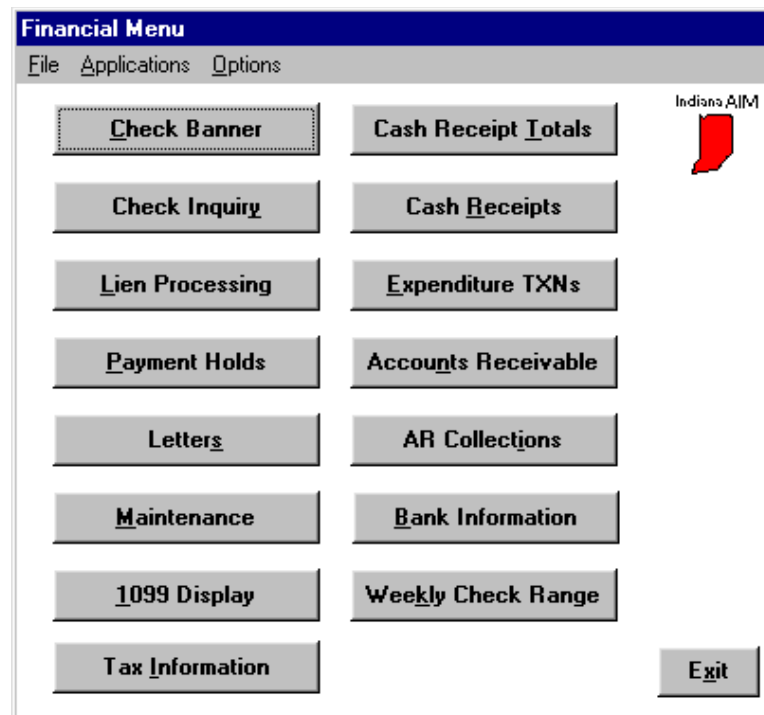
Figure 2.1 – Financial Menu Window

```
┌──────────────────────────────────────────────────────────────────┐
│                          Financial Menu                            │
│                                                                    │
│  ┌──────────────────────────────────────────────────────────────┐ │
│  │ File              Applications            Options             │ │
│  └──────────────────────────────────────────────────────────────┘ │
│    Exit              Ad hoc Reporting        Check Banner          │
│    Exit IndianaAIM   Claims                  Check Inquiry         │
│                      Financial               Lien Processing       │
│                      Managed Care            Payment Holds         │
│                      MARS                    Letters               │
│                      Prior Authorization     Maintenance           │
│                      Provider                1099 Inquiry          │
│                      Recipient               Tax Information       │
│                      Reference               Cash Receipt Totals   │
│                      Security                Cash Receipts         │
│                      SURS                    Expenditure TXNs      │
│                      Third Party Liability   AR Collections        │
│                                              AR Collections        │
│                                              Bank Information      │
│                                              Weekly Check Range    │
└──────────────────────────────────────────────────────────────────┘
```

Figure 2.2 – Financial Menu Window Tree

This is the menu tree for the Financial Menu. All menus are in single-line boxes. This illustration shows the overall menu commands and window options in the Financial system.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Exit – Returns to the Main Menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the Prior Authorization Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This menu selection accesses the Financial areas.

Check Banner – Click to access the Check Banner Select window

Check Inquiry – Click to access the Check Inquiry window

Lien Processing – Click to access the Lien Processing window

Payment Holds – Click to access the Payment Holds window

Letters – Click to access the Letters window

Maintenance – Click to access the Maintenance window

1099 Display – Click to access the 1099 Display window

Tax Information – Click to access the Tax Information window

Cash Receipt Totals – Click to access the Cash Receipt Totals window

Cash Receipts – Click to access the Cash Receipts window

Expenditure TXNS – Click to access the Expenditure TXNS window

Accounts Receipts – Click to access the Accounts Receipts window

AR Collections – Click to access the AR Collections window

Bank Information – Click to access the Bank Information Search window

Weekly Check Range – Click to access the Weekly Check Range window

System Information

PBL – FINC01.PBL

Window – W_FINANCIAL_MAIN

Menu – M_FINANCIAL_MAIN

Data Window – NONE

System Features

Click **Check Banner** to access the Check Banner Select window.

Click **Check Inquiry** to access the Check Inquiry window.

Click **Lien Processing** to access the Lien Selection window.

Click **Payment Holds** to access the Payment Hold Selection window.

Click **Letters** to access the Financial Letters window.

Click **Maintenance** to access the Maintenance window.

Click **1099 Display** to access the 1099 Display window.

Click **Tax Information** to access the Tax Information window.

Click **Cash Receipt Totals** to access the Cash Receipts window.

Click **Cash Receipts** to access the Cash Receipts window.

Click **Expenditure TXNs** to access the Expenditure TXNs window.

Click **Accounts Receivables** to access the Accounts Receivables window.

Click **AR Collections** to access the AR Collections Menu window.

Click **Bank Information** to access the Check Bank Information window.

Click **Weekly Check Range** to access the Weekly Check Range Search window.

Click **Exit** to exit the Financial Menu.

Section 3: Financial Maintenance Menu Window

Introduction

The Financial Maintenance Menu is accessed from the Financial Menu. The Financial Maintenance Menu window is used for selecting and adding information in the financial sections.
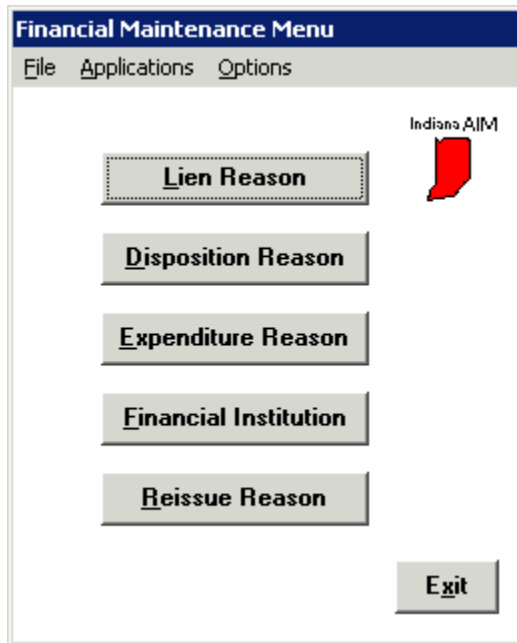
Figure 3.1 – Financial Maintenance Menu Window

<table>
<tr><td colspan="3" align="center">**Financial Maintenance**</td></tr>
<tr><td>File</td><td>Applications</td><td>Options</td></tr>
<tr><td>Exit</td><td>Ad hoc Reporting</td><td>Lien Reason</td></tr>
<tr><td>Exit Indiana*AIM*</td><td>Claims</td><td>Disposition Reason</td></tr>
<tr><td></td><td>Financial</td><td>Expenditure Reason</td></tr>
<tr><td></td><td>Managed Care</td><td>Financial Institution</td></tr>
<tr><td></td><td>MARS</td><td>Reissue Reason</td></tr>
<tr><td></td><td>Prior Authorization</td><td></td></tr>
<tr><td></td><td>Provider</td><td></td></tr>
<tr><td></td><td>Recipient</td><td></td></tr>
<tr><td></td><td>Reference</td><td></td></tr>
<tr><td></td><td>Security</td><td></td></tr>
<tr><td></td><td>SURS</td><td></td></tr>
<tr><td></td><td>Third Party Liability</td><td></td></tr>
</table>

Figure 3.2 – Financial Maintenance Menu Tree

This is the menu tree for the Financial Maintenance Menu window. This illustration shows the overall menu commands and window options on the Financial Maintenance Menu window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Exit – Returns to the previous window

Exit IndianaAIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Lien Reason – Provides the ability to inquire or add a lien reason

Disposition Reason – Provides the ability to inquire or add a disposition reason

Expenditure Reason – Provides the ability to inquire or add an expenditure reason

Financial Institution – Provides the ability to inquire or add financial institution information

Reissue Reason – Provides the ability to inquire or add reissue reason

System Information

PBL – FINC01.PBL

Window – W_FINANCIAL_MAIN

Menu – M_FINANCIAL_MAIN

Data Window – NONE

System Features

Click **Lien Reason** to access the Lien Reason Maintenance window.

Click **Disposition Reason** to access the Lien Disposition Reason Maintenance window.

Click **Expenditure Reason** to access the Expenditure Reason Maintenance window.

Click **Financial Institution** to access the Financial Institution Selection window.

Click **Reissue Reason** to access the Reissue Reason Maintenance window.

Click **Exit** to exit and access the Financial Maintenance Menu window.

Section 4: Print Menu Window

Introduction

The Print Menu is viewed in the print function of the File Menu. This window provides the ability to print the screen, window, or data window.
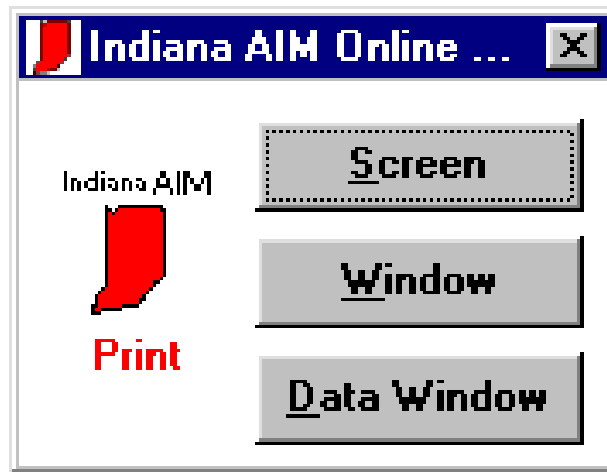
Figure 4.1 – Print Menu Window

System Information

PBL – MAIN01.PBL

Window – W_PRINT

Menu – NONE

Data Window – NONE

System Features

Click **Screen** to print the screen.

Click **Window** to print the window.

Click **Data Window** to print the data window.

Section 5: Financial Letters Window

Introduction

The Financial Letters Window is the initial window viewed in the Financial Maintenance functional area.
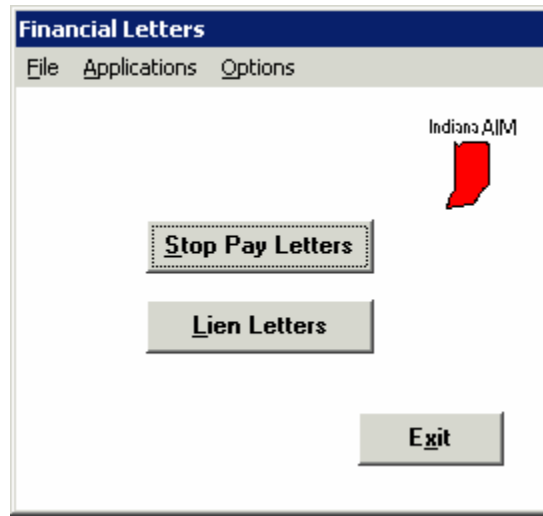
Figure 5.1 – Financial Letters Menu Window

Financial Letters		
File	Applications	Options
Exit	Ad hoc Reporting	Stop pay Letters
Exit Indiana*AIM*	Claims	Lien Letters
	Financial	
	Managed Care	
	MARS	
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 5.2 – Financial Letters Menu Window Tree

This is the menu tree for the Financial Letters. All menus are in single-line boxes. This illustration shows the overall menu commands and window options in the Financial system.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Exit – Returns to the Main Menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This menu accesses the following areas in Indiana*AIM*.

Stop Pay Letter – Click to access the window to generate a stop pay letter.

Lien Letters – Click to access the window to generate a lien letter.

System Information

PBL – FINC02.PBL

Window – W_LETTERS

Menu – M_FLETTERS

Data Window – NONE

System Features

Click **Stop Pay Letters** to access the Stop Pay Letter Print window.

Click **Lien Letters** to access the Lien Letters window.

Click **Exit** to exit to the Financial Letters Menu.

Section 6: Daily Cash Receipt Reports Window

Introduction

The Daily Cash Receipt Reports window is accessed from the Cash Receipt Totals window. This window prints the online reports and letters.
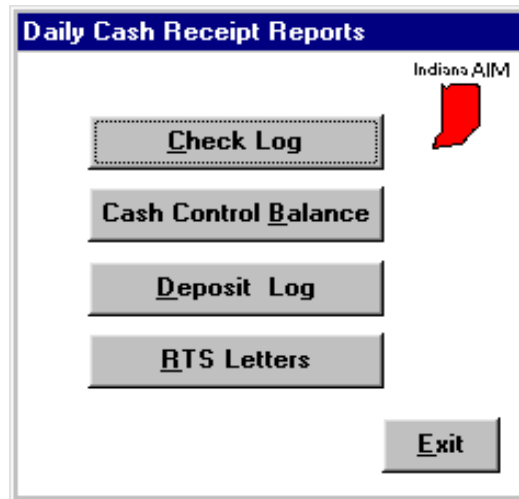
Figure 6.1 – Daily Cash Receipt Reports Window

System Information

PBL – FINC01.PBL

Window – W_CASH_REPORTS_CTL

Menu – NONE

Data Window – NONE

System Features

Click **Check Log** to access the Check Log report.

Click **Cash Control Balance** to access the Cash Control Balance report.

Click **Deposit Log** to access the Deposit Log report.

Click **RTS Letters** to access the RTS Letters.

Click **Exit** to the Daily Cash Receipt Reports Menu.

Section 7: Provider Accounts Receivable Selection Window

Introduction

The Provider Accounts Receivable Selection window accesses individual accounts receivables and the associated dispositions.

Figure 7.1 – Provider Accounts Receivable Selection Window

Provider Accounts Receivable Selection			
File	Edit	Applications	Options
New	Copy	Ad hoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	Reason Codes
Exit Indiana*AIM*		MARS	Mass Update
		Prior Authorization	Tax Assessments
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 7.2 – Provider Accounts Receivable Selection Menu Tree

This is the menu tree for the Provider Accounts Receivable Selection window. This illustration shows the overall menu commands and window options on the Provider Accounts Receivable Selection window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens the Provider Accounts Receivable Setup/Maintenance window

Select – Opens the Provider Accounts Receivable Setup/Maintenance window for the highlighted information

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Search – Allows user to search for a specific expenditure when highlighted on the screen

Reset Limits – Regenerates window

Sort – Opens the Select Sort Order window

Reason Codes – Opens the A/R Reason Code Maintenance window

Mass Updates – Opens the Mass Update window

Tax Assessments – Opens the Tax Assessments window

Field Information

Field Name: Provider

Description – Number that identifies the provider to whom the Accounts Receivable is applied

Format – Nine numeric characters (999999999)

Features – Only if entered as selection parameter

Edit – 91006, Field is Required!

To Correct – If A/R number is not entered as selection parameter, enter provider number

Edit – 91052, Provider Number is invalid

To Correct – Verify and enter valid provider number

Edit – 91011, Record not found – please try again!

To Correct – Verify and enter a valid provider number

Edit – 9012, Provider not on file!

To Correct – Verify and enter a valid provider number

Edit – 5093, Provider ID must be nine numeric digits

To Correct – Verify and enter a valid provider number

Field Name: Location Code

Description – Code that identifies provider's service location

Format – One alphanumeric character

Features – None

Edit – 91006, Field is Required!

To Correct – If A/R number is not entered as selection parameter, enter a service location

Edit – 5176, Service Location Code invalid for this provider

To Correct – Verify and enter a valid location code

Field Name: A/R Number

Description – Number assigned to each provider to track accounts receivable activity

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – None. Valid values include the following:

- RR – Region

- YY – Year

- JJJ – Julian Date

- BBB – A/R Batch Number

- SSS – Sequence Number

Region and Batch Number – The valid region code for manually established accounts receivables is 60. Accounts receivables maintains the region code, year, Julian date, batch number, and sequence of the adjustment, or daughter claim. For a list of valid batch numbers for manually established accounts receivables, refer to the *Tables Manual, A/R batch numbers*.

Edit – 91011, Record not found – please try again!

To Correct – Verify and enter a valid A/R number

Edit – 91024, No Match Found

To Correct – N/a—Provider has no accounts receivables

Field Name: Open/Closed

Description – Status of the accounts receivable

Format – Float

Features – Drop-down box. Valid values include the following:

- Open

- Closed

- Both

Edit – None

To Correct – N/a

Field Name: Reason

Description – Reason accounts receivable is set up (for example, check advance, non-claim offset, adjustment, and so forth)

Format – Float

Features – Drop-down box (See the *Tables Manual, A/R Reason Codes* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Program

Description – Medical assistance program associated with the accounts receivable

Format – Float

Features – Drop-down box. (See the *Tables Manual, Medical Assistance Programs* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Effective (From)

Description – Beginning date range used as a search parameter. All accounts receivables in the effective from and thru date range are displayed.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid date (CCYYMMDD)

To Correct – Enter correct date

Edit – 91002, Date must be numeric

To Correct – Enter correct date

Field Name: Effective (Thru)

Description – Ending date range used as a search parameter

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid date (CCYYMMDD)

To Correct – Enter correct date

Edit – 91020, End Date must be ≥ Effective Date

To Correct – Enter a valid date greater than or equal to the from date

Field Name: A/R Number

Description – Number used to track provider accounts receivable activity

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – Propagated from Setup/Maintenance window

Edit – None

To Correct – N/a

Field Name: Program Code

Description – Medical assistance program associated with the accounts receivable

Format – Two alphanumeric characters

Features – Propagated from Setup/Maintenance window (See the *Tables Manual, Medical Assistance Programs* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Reason Code

Description – Specific reason that an Accounts Receivable is setup (for example, check advance, non-claim recoupment, adjustment)

Format – Four numeric characters

Features – Propagated from Setup/Maintenance window (See the *Tables Manual, A/R Setup Reason Codes* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Setup Date

Description – Date the accounts receivable is established

Format – Eight numeric characters (CCYYMMDD)

Features – Propagated from Setup/Maintenance window

Edit – None

To Correct – N/a

Field Name: Effective Date

Description – Date the accounts receivable begins to recoup from the provider's future payments

Format – Eight numeric characters (CCYYMMDD)

Features – Propagated from Setup/Maintenance window

Edit – None

To Correct – N/a

Field Name: Setup Amount

Description – Original setup dollar amount of the accounts receivable

Format – 10 numeric characters ($99,999,999.99)

Features – Propagated from Setup/Maintenance window

Edit – None

To Correct – N/a

Field Name: Dispositioned Amount

Description – Dollar amount (negative/positive) applied to the accounts receivable to-date

Format – 10 numeric characters ($99,999,999.99)

Features – Propagated from Dispositions window

Edit – None

To Correct – N/a

Field Name: Original ICN

Description – Number used to track claims activity through the system. If the A/R was setup as a result of an adjustment, this number is the adjustment (daughter) ICN. For manually established accounts receivables, this field is left blank

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – System propagated

Edit – None

To Correct – N/a

Other Messages

Edit – 91024, No Match Found!

To Correct – Enter a valid A/R number

System Information

PBL – FINC02.PBL

Window – W_AR_LIST_SEARCH

Menu – M_AR_SETUP_SEARCH

Data Window – DW_AR_CRITERIA_SEARCH

DW_AR_SETUP_SEARCH

System Features

Click **New** to access the Provider Accounts Receivable Setup/Maintenance window for entry of a new A/R

Click **Select** to access the Setup/Maintenance window of the highlighted line.

Click **Exit** to exit the Provider Accounts Receivable Selection menu.

Double-click a selected line to access the Setup/Maintenance window for that accounts receivable number.

Click **Search** to list all accounts receivables matching the criteria entered in the top section of the window.

Section 8: Provider Accounts Receivable Setup/Maintenance Window

Introduction

The Provider Accounts Receivable Setup/Maintenance window allows the user to set up manual accounts receivables in Indiana*AIM*. This window allows flexibility to change the total amount or percent to be recouped from a provider each cycle. The effective date to start recoupments can be changed to reflect a future date if necessary. IFSSA or EDS personnel use this screen to inquire about an accounts receivable to view the base information.

Figure 8.1 – Provider Accounts Receivable Setup/Maintenance Window

Provider Accounts Receivable Setup/Maintenance

File	Edit	Applications	Options
New	Copy	Ad hoc Reporting	Inquire
Save	Paste	Claims	Batch Ranges
Delete	Cut	Financial	Reason Codes
Print		Managed Care	Dispositions
Exit		MARS	Comments
Audit		Prior Authorization	Expenditures
Exit Indiana*AIM*		Provider	Collection Maintenance
		Recipient	Interest Rate
		Reference	Force Collection
		Security	Status Codes
		SURS	
		Third Party Liability	

Figure 8.2 – Provider Accounts Receivable Setup/Maintenance Menu Tree

This is the menu tree for the Provider Accounts Receivable Setup/Maintenance window. This illustration reflect the overall menu commands and window options on the Provider Accounts Receivable Setup/Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command

Menu Selection: File

New – Opens another Provider Accounts Receivable Setup/ Maintenance window

Save – Saves the accounts receivable information

Delete – Deletes the accounts receivable setup/maintenance information. This only occurs when entering a manually-established accounts receivable.

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

Audit – Displays the audit trail for accounts receivables

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard.

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command allows access to another window without closing the current window.

Inquire – Allows inquiry of a specific accounts receivable number when it is entered on the screen

Batch Ranges – Opens the A/R Batch Ranges window

Reason Codes – Opens the A/R Reason Code window

Dispositions – Opens the A/R Disposition Maintenance window

Comments – Opens the A/R Comments Maintenance window

Expenditures – Opens the Expenditure Search window

Collection Maintenance – Opens the Collection Tracking Maintenance

Interest Rate – Opens the Interest Rate Maintenance window

Force Collection – Opens the Collection Letters window

Status Codes – Opens the Provider Accounts Receivable Tracking Status Reasons window

Field Information

Field Name: A/R Number

Description – Number assigned to each provider accounts receivable to track accounts receivable activity

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – None. Valid values include the following:

- RR – Region
- YY – Year
- JJJ – Julian Date
- BBB – A/R Batch Number
- SSS – Sequence Number

Region and Batch Number – The valid region code for manually established accounts receivables is 60. Accounts receivables maintains the region code, year, Julian date, batch number, and sequence of the adjustment (daughter) claim. For a list of valid batch numbers for manually established accounts receivables, refer to the *Tables Manual, A/R batch numbers*.

Edit – 91029, Control Number must be Numeric!

To Correct – Verify and enter a valid A/R number

Edit – 91006, Field is Required!

To Correct – Enter an A/R number

Edit – 9056, Control Number must be 13 digits!

To Correct – Verify and enter a valid A/R number

Edit – 9021, Control Number Julian days invalid!

To Correct – Verify and enter a valid A/R number

Edit – 9037, Batch Number not on Batch Table!

To Correct – Verify and enter a valid A/R number

Edit – 91019, A/R Number Record already exists!

To Correct – Enter a new A/R number

Field Name: Provider

Description – Number that identifies the provider to whom the accounts receivable is being applied

Format – Nine numeric characters (999999999)

Features – None

Edit – 91006, Provider Field is Required!

To Correct – Enter a valid provider number

Edit – 91037, Provider Field is Required!

To Correct – Enter a valid provider number

Edit – 9012, Provider not on file!

To Correct – Verify and enter a valid provider number

Edit – 5093, Provider ID must be nine numbers

To Correct – Verify and enter a valid provider ID

Field Name: Location Code

Description – Number that identifies the provider service location

Format – One alphabetic character

Features – None

Edit – 91006, Service Location Field is Required!

To Correct – Enter a service location

Edit – 5176, Service Log invalid for this Provider

To Correct – Verify and enter a valid location code

Edit – 60034, Location Code not on file!

To Correct – Verify entry and re-enter a valid location code

Field Name: Effective Date

Description – Date the accounts receivable starts to offset from provider's payments

Format – Eight numeric characters (CCYYMMDD)

Features – The effective date is system generated to the same date as the setup date unless manually changed to a future date

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a correct date

Edit – 9057, Effective date must be equal or greater than today!

To Correct – Verify and enter a correct date

Field Name: Interest Accrual Date

Description – Date the accounts receivable starts calculating interest

Format – Eight numeric characters (CCYYMMDD)

Features – The interest accrual date is entered manually before the accounts receivable is saved. The interest accrual date is a past or present date.

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a correct date

Edit – 91003, Interest Accrual Date field is required (CCYYMMDD)!

To Correct – Enter an interest accrual date

Edit – 91001, Invalid Date (CCYYMMDD)!

Edit – 91006, Interest Accrual Date field is required (CCYYMMDD)!

To Correct – Enter an interest accrual date

Edit – 91006, Interest Accrual Date field is required (CCYYMMDD)!

To Correct – Enter an interest accrual date

Field Name: Setup Date

Description – Date the accounts receivable is established

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Status

Description – This is the status of the accounts receivable

Format – Five alphabetic characters (Active and Closed)

Features – None

Edit – None

To Correct – N/a

Field Name: Tracking Status

Description – Status used to show what is being done with the accounts receivable

Format – 50 alphanumeric characters

Features – Drop-down box (See the *Tables Manual, Medical Assistance Programs* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Program Code

Description – The medical assistance program associated with the A/R

Format – Float

Features – Drop-down box (See the *Tables Manual, Medical Assistance Programs* for a list of valid values.)

Edit – 91006, Program Code Field is Required!

To Correct – Select a program code

Field Name: Reason

Description – Specific reason the accounts receivable is set up (such as check advance, non-claim offset, and so forth)

Format – Float

Features – Propagated from Setup/Maintenance window (See the *Tables Manual, A/R Setup Reason Codes* for a list of valid values.)

Edit – 91006, Reason Code Field is Required!

To Correct – Select a reason code

Field Name: Setup Amount

Description – Original setup dollar amount of the accounts receivable

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – 91006, Setup Amount Field is Required!

To Correct – Enter a setup amount

Edit – 91029, Setup Amount must be Numeric!

To Correct – Verify and enter a valid setup amount

Field Name: Recoup Amount

Description – Maximum dollar amount offset from the provider's claims processed each cycle

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – 91029, Recoup Amount must be Numeric!

To Correct – Verify and enter a valid recoup amount

Field Name: Recipient

Description – Number that identifies the recipient whom the AR is applied

Format – Twelve numeric characters (999999999999)

Features – None

Edit – 91052, RID # invalid

To Correct – Verify and type a valid RID number.

Edit – 4003, RID# must be 12 numeric

To Correct – Verify and type a valid RID number

Field Name: Recoup Percentage

Description – Percentage offset from the provider's claims processed each cycle

Format – Five numeric characters (999.99)

Features – None

Edit – 9058, Recoup Percentage cannot exceed 100%!

To Correct – Verify and enter a valid recoup percentage

Edit – 91029, Recoup Percentage must be Numeric!

To Correct – Verify and enter a valid recoup percentage

Field Name: Total Dispositions

Description – Displays the total dispositioned dollar amount (increased/decreased) applied to the accounts receivable to date

Format – 10 numeric characters ($99,999,999.99)

Features – Propagated from the A/R Disposition window

Edit – None

To Correct – N/a

Field Name: Applied Interest

Description – Displays the to-date interest applied to the accounts receivable

Format – 10 numeric characters ($99,999,999.99)

Features – Calculated using the appropriate interest rate from the Interest Rate Maintenance table

Edit – None

To Correct – N/a

Field Name: Interest Due

Description – Displays the outstanding interest due against the accounts receivable balance. Interest is calculated daily.

Format – 10 numeric characters ($99,999,999.99)

Features – Calculated from the Interest Rate Maintenance table

Edit – None

To Correct – N/a

Field Name: Principle

Description – Displays the AR principle amount due

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit –None

To Correct – N/a

Field Name: Balance

Description – Setup amount less any dispositions applied

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Original ICN

Description – Mother ICN

Format – 13 numeric characters (9999999999999)

Features – None

Edit – None

To Correct – N/a

Field Name: Expenditure Check

Description – Expenditure check number

Format – Nine numeric characters (999999999)

Features – None

Edit – None

To Correct – N/a

Field Name: New AR Number

Description – Inquires on a new A/R number without clearing the setup window

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – None

Edit – 91029, Control Number must be Numeric!

To Correct – Verify and enter a valid A/R number

Edit – 91006, Control Number Field is Required!

To Correct – Enter an A/R number

Edit – 9056, Control Number must be 13 digits!

To Correct – Verify and enter a valid A/R number

Edit – 9021, Control Number Julian days invalid!

To Correct – Verify and enter a valid A/R number

Edit – 9037, Batch Number not on Batch Table!

To Correct – Verify and enter a valid A/R number

Edit – 91019, A/R Number Record already exists!

To Correct – Enter a new A/R number

Other Messages

Edit – 91068, No changes Typed!

To Correct – N/a

Edit – 9051, Type Recoupment Amount or Percentage!

To Correct – Enter a valid recoupment amount or percentage amount. If no set amount is established, enter 100% in the Recoup percentage field

System Information

PBL – FINC02.PBL

Window – W_AR_LIST_SEARCH

Menu – M_AR_SETUP_MAINT

Data Windows – DW_AR_SETUP_MAINT

DW_AR_DISP_SUM

DW_AR_SETUP_ICN

DW_AR_SETUP_EXPENDITURE_CHECK

System Features

Click **Comments** to access the A/R comments window.

Click **Dispositions** to access the Provider A/R Disposition History window.

Click **Expenditure** to access the Expenditure window

Click **New** to clear the screen and enter a new provider accounts receivable. Current entry must be saved before a new entry can be made.

Click **Save** to save the information entered.

Click **Exit** to exit the window. (If the user does not want to save the current entry, exit without saving using this button.)

Click **Inquire** to access the new A/R number.

Section 9: Accounts Receivable Comments Window

Introduction

The Provider Accounts Receivable Comments window is used to enter comments relating to a specific accounts receivable. All notes pertaining to verbal correspondence for a specific accounts receivable are entered in this window. A note is made in the window for all written correspondence received regarding a specific accounts receivable.
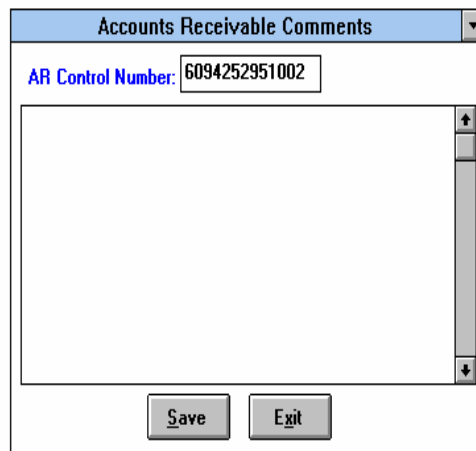
Figure 9.1 – Provider Accounts Receivable Comments Window

Field Information

Field Name: A/R Control Number

Description – Number assigned to provider accounts receivable to track A/R activity

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – None

- RR – Region
- YY – Year
- JJJ – Julian Date
- BBB – A/R Batch Number
- SSS – Sequence Number

Region and Batch Number – The valid region code for manually-established accounts receivables is 60. Accounts receivables maintains the region code, year, Julian date, batch number, and sequence of the adjustment (daughter) claim. For a list of valid batch numbers for manually-established accounts receivables, refer to the *Tables Manual, A/R batch numbers*.

Edit – None

To Correct – N/a

Field Name: Comments

Description – Comments are entered regarding the accounts receivable

Format – 2000 alphanumeric characters

Features – None

Edit – None

To Correct – N/a

Other Messages

Edit – 91004, Do you want to save changes? Yes No Cancel

To Correct – Click **Yes** to save changes, **No** to deny changes, or **Cancel** to cancel action

System Information

PBL – FINC02.PBL

Window – W_AR_COMMENTS

Menu – NONE

Data Windows – DW_AR_COMMENTS

System Features

Click **Save** to save the information entered.

Click **Exit** to exit the window.

Section 10: Provider Accounts Receivable Disposition History Window

Introduction

The Provider Accounts Receivable Disposition History window displays the activity (manual or system generated) of a specific A/R number. The Provider Accounts Receivable Disposition History window is accessed by clicking **Dispositions** on the Provider Accounts Receivable Setup/Maintenance window.

To search for dispositions on file, enter parameters and click **Search**.

Figure 10.1 – Provider Accounts Receivable Disposition History Window

```
                Provider Accounts Receivable Disposition History

   ┌─────────────────────────────────────────────────────────────────────┐
   │ File              Edit           Applications         Options         │
   └─────────────────────────────────────────────────────────────────────┘
     New               Copy           Ad hoc Reporting     Search
     Select            Paste          Claims               Reset Limits
     Print             Cut            Financial            Sort
     Exit                             Managed Care         Reasons
     Exit IndianaAIM                  MARS
                                      Prior Authorization
                                      Provider
                                      Recipient
                                      Reference
                                      Security
                                      SURS
                                      Third Party Liability
```

Figure 10.2 – Provider Accounts Receivable Disposition History Menu Tree

This is the menu tree for the Provider Accounts Receivable Disposition History window. This illustration shows the overall menu commands and window options on the Provider Accounts Receivable Disposition History window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command

Menu Selection: File

New – Opens the Provider A/R Disposition Maintenance window

Select – Opens the Provider A/R Disposition Maintenance window for the highlighted accounts receivable

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Search – Allows ability to search for a specific expenditure when it is highlighted on the screen

Reset Limits – Regenerates window

Sort – Generates the Select Sort Order window

Reasons – Populates the Accounts Receivable Disposition Reason Code Maintenance window

Section 10: Provider Accounts Receivable Disposition   *Systems Documentation – Financial I*
History Window

Field Information

Field Name: A/R Number

Description – Number assigned to provider accounts receivable used to track A/R activity

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – Propagated from the Setup/Maintenance window

- RR – Region
- YY – Year
- JJJ – Julian Date
- BBB – A/R Batch Number
- SSS – Sequence Number

Region and Batch Number – The valid region code for manually-established accounts receivables is 60. Accounts receivables maintain the region code, year, Julian date, batch number, and sequence of the adjustment (daughter) claim. For a list of valid batch numbers for manually-established accounts receivables, refer to the *Tables Manual, A/R batch numbers*.

Edit – None

To Correct – N/a

Field Name: Provider ID

Description – Number that identifies the provider and service location to which the A/R is applied

Format – 10 alphanumeric characters (999999999A)

Features – Propagated from the Setup/Maintenance window

Edit – None

To Correct – N/a

Field Name: Setup Amount

Description – Original dollar amount of the A/R

Format – 10 numeric characters ($99,999,999.99)

Features – Propagated from the Setup/Maintenance window

Edit – None

To Correct – N/a

10-4   *Library Reference Number: FI10002*
Revision Date: August 2004
Version: 3.0

Field Name: Balance

Description – Setup amount less any dispositions to date

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Reason Codes

Description – Specific reason an accounts receivable is set up, such as check advance, nonclaim offset, or adjustment

Format – Float

Features – Drop-down box (See the *Tables Manual, A/R Disposition Reason Codes* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Applied From

Description – Beginning date range parameter—allows entry of a specific date range to search.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Thru

Description – Ending date range parameter—allows entry of a specific date range to search for dispositions

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Check

Description – Number on the check received from the provider. This is used if a cash receipt is applied to a specific accounts receivable

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Provider

Description – Number and service location identifying the provider where the accounts receivable is applied

Format – 10 alphanumeric characters (999999999A)

Features – Propagated from the disposition table

Edit – None

To Correct – N/a

Field Name: Date Applied

Description – Date the dispositioned amount is applied to the accounts receivable

Format – Eight numeric characters (CCYYMMDD)

Features – Propagated from disposition table

Edit – None

To Correct – N/a

Field Name: Debit Ind

Description – Amount field is a positive or negative amount (increase or decrease to A/R)

Format – One alphabetic character

Features – Propagated from disposition table. Valid values include the following:

- Y – Positive Amount
- N – Negative Amount

Edit – None

To Correct – N/a

Field Name: Amount

Description – Disposition amount

Format – 10 numeric characters ($99,999,999.99)

Features – Propagated from disposition table

Edit – None

To Correct – N/a

Field Name: Reason

Description – Provides the reason accounts receivable is dispositioned

Format – Four numeric characters

Features – Propagated from disposition table

Edit – None

To Correct – N/a

Field Name: Check

Description – Payment check number related to disposition line item

Format – Nine numeric characters

Features – Propagated from disposition table

Edit – None

To Correct – N/a

Field Name: ICN

Description – Specific claim associated with the disposition if it is an offset to claims payments

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – None

Edit – None

To Correct – N/a

Other Messages

Edit – 91024, No Match Found!

To Correct – N/a

System Information

PBL – FINC02.PBL

Window – W_AR_DISP_SEARCH

Menu – M_AR_DISP_MAINT

Data Windows – DW_AR_DISP_CRITERIA

DW_AR_DISP_SEARCH

System Features

Click **New** to enter a new disposition.

Click **Select** to access the Disposition Maintenance window for the highlighted line.

Click **Exit** to exit the window.

Double click **Disposition detail** to access the Provider Accounts Receivable Disposition Maintenance window for that line.

Click **Search** to retrieve the information for accounts receivable matching the selection criteria entered.

Section 11: Provider Accounts Receivable Disposition Maintenance Window

Introduction

The Provider Accounts Receivable Disposition Maintenance window is used to apply new manual dispositions to a specific accounts receivable or to view detail information regarding a systematic disposition. An example is a State-approved write-off or application of a cash receipt.

Figure 11.1 – Provider Accounts Receivable Disposition Maintenance Window

Provider Accounts Receivable Disposition Maintenance

File	Edit	Applications	Options
New	Copy	Ad hoc Reporting	Search
Save	Paste	Claims	Reset Limits
Print	Cut	Financial	Sort
Exit		Managed Care	Reasons
Exit Indiana*AIM*		MARS	Comments
		Prior Authorization	Cash
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 11.2 – Provider Accounts Receivable Disposition Maintenance Menu Tree

This is the menu tree for the Provider Accounts Receivable Disposition Maintenance window. This illustration shows the overall menu commands and window options on the Provider Accounts Receivable Disposition Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens a new Provider A/R Disposition Maintenance window

Save – Saves the Disposition information entered

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Search – Allows search for a specific expenditure when it is highlighted on the screen

Reset Limits – Regenerates the window

Sort – Generates the Select Sort Order window

Reasons – Populates the Accounts Receivable Disposition Reason Code Maintenance window

Comments – Populates the Provider Accounts Receivable Disposition Comments window

Cash – Allows user to view cash receipts associated with accounts receivable dispositions

Field Information

Field Name: A/R Number

Description – Number assigned to provider accounts receivable used to track A/R activity

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – Propagated from disposition table. Valid values include the following:

- RR – Region
- YY – Year
- JJJ – Julian Date
- BBB – A/R Batch Number
- SSS – Sequence Number

Region and Batch Number – The valid region code for manually-established accounts receivable is 60. Accounts receivables maintains the region code, year, Julian date, batch number, and sequence of the adjustment (daughter) claim. For a list of valid batch numbers for manually-established accounts receivables, refer to the *Tables Manual, A/R batch numbers*.

Edit – None

To Correct – N/a

Field Name: Setup Date

Description – Original accounts receivable setup date

Format – 8 numeric characters (CCYYMMDD)

Features – Propagated from disposition table

Edit – None

To Correct – N/a

Field Name: Provider

Description – Number and service location code identifying the provider to whom the accounts receivable is applied

Format – 10 alphanumeric characters (999999999A)

Features – Propagated from disposition table

Edit – None

To Correct – N/a

Field Name: Disposition Date

Description – Date the accounts receivable is dispositioned

Format – Eight numeric characters (CCYYMMDD)

Features – System generated for same date as disposition information

Field Name: Amount

Description – Disposition amount

Format – 10 numeric characters ($99,999,999.99)

Features – System generated if the disposition is a result of claims activity

Edit – Data Window error, item does not pass validation test

To Correct – Verify and enter a valid amount

Field Name: Debit Indicator

Description – Indicates if the amount field is a positive or negative amount (increase or decrease to accounts receivable)

Format – One alphabetic character

Features – Valid values include the following:

• Y – Positive Amount

• N – Negative Amount

Edit – None

To Correct – N/a

Field Name: Amount Applied to Interest

Description – Amount of the disposition applied to interest

Format – 10 numeric characters ($99,999,999.99)

Features – System generated if interest applies

Edit – None

To Correct – N/a

Field Name: Reason

Description – Specific disposition reason (such as cash receipt applied, write off, claim activity, and so forth)

Format – Float

Features – Drop-down list (See the *Tables Manual, Provider A/R Disposition Reason Codes* for a list of valid values.)

Edit – 91006, Reason Code Field is required.

To Correct – Select reason from drop-down list

Field Name: Claims Payment Check

Description – Check number associated with the A/R disposition

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Cash Ctl No

Description – Control number associated with the cash receipt received for this accounts receivable disposition

Format – 11 numeric characters (YYJJJBBBSSS)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Seq

Description – Sequence number associated with the cash control number for this accounts receivable disposition

Format – Five numeric characters

Features – System generated

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC02.PBL

Window – W_AR_DISP_MAINT

Menu – M_AR_DISP_MAINT

Data Windows – DW_AR_DISP_MAINT

DW_AR_DISP_CLM_CHK

DW_AR_DISP_ICN

DW_AR_DISP_CASH_RCPT_NUM

System Features

Click **Comments** to access the Accounts Receivable Disposition Comments window.

Click **Cash** to access the Checks Related to Provider Accounts Receivable Dispositions window

Click **New** to enter a new disposition.

Click **Save** to save the information entered.

Click **Exit** to exit the window.

Section 12: Provider Accounts Receivable Disposition Comments Window

Introduction

The Provider Accounts Receivable Dispositions Comments window is used to enter comments relating to specific accounts receivable dispositions.

Figure 12.1 – Provider Accounts Receivable Disposition Comments Window

Field Information

Field Name: A/R Control Number

Description – Number assigned to provider accounts receivable used to track A/R activity

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – Propagated from A/R disposition table. Valid values include the following:

- RR – Region
- YY – Year
- JJJ – Julian Date
- BBB – A/R Batch Number
- SSS – Sequence Number

Region and Batch Number – The valid region code for manually-established accounts receivables is 60. Accounts receivables maintains the region code, year, Julian date, batch number, and sequence of

the adjustment (daughter) claim. For a list of valid batch numbers for manually-established accounts receivables, refer to the *Tables Manual, A/R batch numbers*.

Edit – None

To Correct – N/a

Field Name: Comments

Description – Comments regarding the accounts receivable dispositions

Format – 2000 alphanumeric characters

Features – None

Edit – None

To Correct – N/a

Other Messages

Edit – 91004, Do you want to save changes? Yes No Cancel

To Correct – Click Yes, No, or Cancel

System Information

PBL – FINC02.PBL

Window – W_AR_DISP_COMMENTS

Menu – NONE

Data Windows – DW_AR_DISP_COMMENTS

System Features

Click **Save** to save the information entered.

Click **Exit** to exit the window.

Section 13: Provider Accounts Receivable Mass Updates

Introduction

The Provider Accounts Receivable Mass Updates window allows the user to update multiple accounts receivables for a specific provider at one time in Indiana*AIM*. This window allows the user to update the comments, effective date, recoup amt, recoup pct, provider and service location if needed.

Figure 13.1 – Provider Accounts Receivable Mass Updates Window

---

Provider Accounts Receivable Mass Updates

File	Edit	Applications	Options
New	Copy	Ad hoc Reporting	Search
Save	Paste	Claims	Reset Limits
Print	Cut	Financial	
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 13.2 – Provider Accounts Receivable Mass Updates Menu Tree

This is the menu tree for the Provider Accounts Receivable Mass Updates window. This illustration shows the overall menu commands and window options on the Provider Account Receivable Mass Updates window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens the Provider A/R Disposition Maintenance window

Save – Saves the accounts receivable information

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Search – Allows ability to search for a specific accounts receivable when it is highlighted on the screen

Reset Limits – Sets the search parameters to zero or stated default values

Field Information

Field Name: Provider

Description – Number and service location identifying the provider where the update is applied

Format – 10 alphanumeric characters (999999999A)

Features – None

Edit – 91006, Provider Field is Required

To Correct – Enter a valid provider number

Field Name: Reason

Description – Reason the accounts receivable is setup

Format – Float

Features – System generated

Edit – None

To Correct – N/a

Field Name: Program

Description – Medical assistance program associated with the accounts receivable

Format – Float

Features – System generated

Edit – None

To Correct – N/a

Field Name: Effective From

Description – Beginning date range used as a search parameter. All accounts receivables in the effective from and thru date range are displayed

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid date (CCYYMMDD)

To Correct – Enter correct date

Edit – 91002, date must be numeric

To Correct – Enter correct date

Field Name: Effective Thru

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid date (CCYYMMDD)

To Correct – Enter correct date

Edit – 91002, date must be numeric

To Correct – Enter correct date

Edit – 91020, Ed Date must be $\geq$ Effective Date

To Correct – Enter a valid date greater than or equal to the from date

Field Name: # of ARs

Description – Displays number of accounts receivables listed

Format – Float

Features – System generated

Edit – None

To Correct – N/a

Field Name: AR Number

Description –Number used to track provider accounts receivable activity

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Provider

Description – Number that identifies the provider to which the accounts receivable is applied

Format – Nine numeric characters (999999999)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Loc

Description – Displays provider location of the account receivable

Format – One alpha character

Features – System generated

Edit – None

To Correct – N/a

Field Name: Setup Dte/Eff Dte

Description – Displays date accounts receivable was established

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Recoup Amt/Recoup Pct

Description – Displays maximum dollar/maximum percentage amount to offset from the provider's claims processed each cycle

Format – 10 numeric characters / five numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Outstanding Bal/Setup Amount

Description – Displays outstanding balance/setup amount for the accounts receivable

Format – 10 numeric characters ($99,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Tot Disp Amt

Description – Displays total disposition dollar amount

Format – 10 numeric characters ($99,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Provider

Description – Number that identifies the provider whom the mass adjustment is applied

Format – Nine numeric characters (999999999)

Features – None

Edit – 91006, Provider Field is Required

To Correct – Enter a valid provider number

Field Name: Cde Svc Loc

Description – Code that identifies the provider service location

Format – One alpha character

Features – None

Edit – 5176, Service location invalid for this provider

To Correct – Enter correct provider location

Edit – 91037, Provider service location field is required

To Correct – Enter correct provider location

Field Name: Recoup Amt

Description – Maximum dollar amount offset from the provider's claims processed each cycle

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – 91029, Recoup Amount must be Numeric

To Correct – Verify and enter a valid recoup amount

Field Name: Recoup Pct

Description – Percentage offset from the provider's claims processed each cycle

Format – Five numeric characters (999.99)

Features – None

Edit – 9058, Recoup percentage cannot exceed 100%

To Correct – Enter a valid recoup percentage

Edit – 91029, Recoup percentage must be numeric

To Correct – Enter a valid recoup percentage

Field Name: Dte Eff

Description – Date the accounts receivable starts to offset from provider's payments

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid date (CCYYMMDD)

To Correct – Enter the correct date

Edit – 9057, Effective date must be equal or greater than today

To Correct – Enter the correct date

Field Name: Mass Comment Entry

Description – Comments to be added in the comments section of the accounts receivable

Format – Float

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC02.PBL

Window – W_AR_PROV_MASS_SEARCH_UPDT

Menu – M_BASE_LIST_SEARCH_UPDATE

Data Windows – DW_AR_CRITERIA_SEARCH

DW_AR_PROV_MASS_LIST_UPDATE

System Features

Click **New** to enter a new accounts receivable mass update using the Mass Update Entry section.

Click **Clear Comments** to clear typed comments in the Mass Comments Entry section.

Click **Save** to save the information typed.

Click **Exit** to exit the window and access the Provider Accounts Receivable Selection window.

Click **Select All/ De-select All** to select or de-select all accounts receivables for the identified provider.

Click **Search** to retrieve the information for an existing provider accounts receivable mass update matching the selection criteria entered.

Section 14: Checks Related to Provider A/R Dispositions Window

Introduction

The Checks Related to Provider Accounts Receivable Disposition window displays cash receipt information related to an accounts receivable disposition. The cash receipt sequence number that applies to the specific A/R disposition is selected and linked to the accounts receivable file.

Figure 14.1 – Checks Related to Provider Accounts Receivable Dispositions Window

Checks Related to Provider A/R Dispositions

File	Edit	Applications	Options
Select	Copy	Ad hoc Reporting	Search
Print	Paste	Claims	Reset Limits
Exit	Cut	Financial	Sort
Exit Indiana*AIM*		Managed Care	Reasons
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 14.2 – Checks Related to Provider Accounts Receivable Dispositions Menu Tree

This is the menu bar for the Checks Related to Provider Accounts Receivable Dispositions window. This illustration shows the overall menu commands and window options on the Checks Related to Provider Accounts Receivable Dispositions window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command

Menu Selection: File

Select – Selects the highlighted information

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application.

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Search – Allows to search for a specific highlighted expenditure

Reset Limits – Regenerates the window

Sort – Generates the Select Sort Order window

Reasons – Populates the Accounts Receivable Disposition Reason Code Maintenance window

Field Information

Field Name: Cash Control No. (search)

Description – Number associated with the cash receipt received for this A/R disposition.

Format – 11 numeric characters (YYJJJBBBSSS)

Features – None

Edit – None

To Correct – N/a

Field Name: Cash Control No.

Description – Number associated with the cash receipt received for this A/R disposition

Format – 11 numeric characters (YYJJJBBBSSS)

Features – None

Edit – None

To Correct – N/a

Field Name: Seq

Description – Cash receipt sequence number associated with the cash control number for this A/R disposition

Format – Five numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Disp Amount

Description – Disposition amount of the sequence number associated with the A/R

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – None

To Correct -N/a

Field Name: Reason Code

Description – Specific reason for the A/R disposition

Format – Four numeric characters

Features – Drop-down box (See the *Tables Manual, Provider A/R Disposition Reason Codes* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Select Available

Description – Specific sequence of the cash control number

Format – One alphabetic character

Features − Valid values include the following:

- Yes
- No

Edit – None

To Correct – N/a

Field Name: Assoc With

Description – Type of transaction associated with an A/R

Format – One alphabetic character

Features – System generated.

Valid values include the following:

- R – Cash Receipt associated with an A/R (This is the only value associated with accounts receivable dispositions.)

Edit – None

To Correct – N/a

Other Messages

Edit – 9060, Already selected, must select another!

To Correct – N/a

Edit – 9061, Invalid cash receipt reason code to apply to A/R!

To Correct – N/a

Edit – 91024, No Match Found!

To Correct – N/a

System Information

PBL – FINC02.PBL

Window – W_AR_DISP_CASH_RCPT_SEARCH

Menu – M_AR_DISP_MAINT

Data Windows – DW_CLAIM_ADJ_CCN_2

System Features

Click **Select** to select a specific disposition.

Click **Exit** to exit the window.

Section 15: Accounts Receivable Reason Code Maintenance Window

Introduction

The Accounts Receivable Reason Code Maintenance window is used by a Financial systems engineer to apply adds and updates to the reason code table associated with the accounts receivable setup process.

Figure 15.1 – Accounts Receivable Reason Code Maintenance Window

Accounts Receivable Reason Code Maintenance		
File	Edit	Applications
New	Copy	Ad hoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit Indiana*AIM*		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 15.2 – Accounts Receivable Reason Code Maintenance Menu Tree

This is the menu tree for the Accounts Receivable Reason Code Maintenance window. This illustration shows the overall menu commands and window options on the Accounts Receivable Reason Code Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and double click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Allows A/R Reason Code table entries

Save – Saves A/R Reason Code table entries

Print – Prints the screen, window, or the data window

Exit – Returns to previous window

Audit – Displays the audit trail for accounts receivables

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Reason Code

Description – Four-digit code number used to explain a specific accounts receivable. This code prints a corresponding Explanation of Benefits (EOB) message on the providers R/A

Format – Four alphanumeric characters

Features – See the *Tables Manual, A/R Setup Reason Codes* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Description

Description – Text describing the reason code field

Format – Float

Features – None

Edit – None

To Correct – N/a

Field Name: Type

Description – Type of reason associated with the description

Format – Float

Features – None

- Claims Setup
- Manual Setup
- Advance Setup

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC02.PBL

Window – W_AR_SETUP_REASONS

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_AR_SETUP_REASONS

System Features

Click **New** to enter a new reason code.

Click **Save** to save the reason code.

Click **Exit** to exit the window.

Section 16: Accounts Receivable Batch Ranges Window

Introduction

The Accounts Receivable Batch Range window is used by EDS to perform adds and updates to the batch number table specific to accounts receivable control numbers.
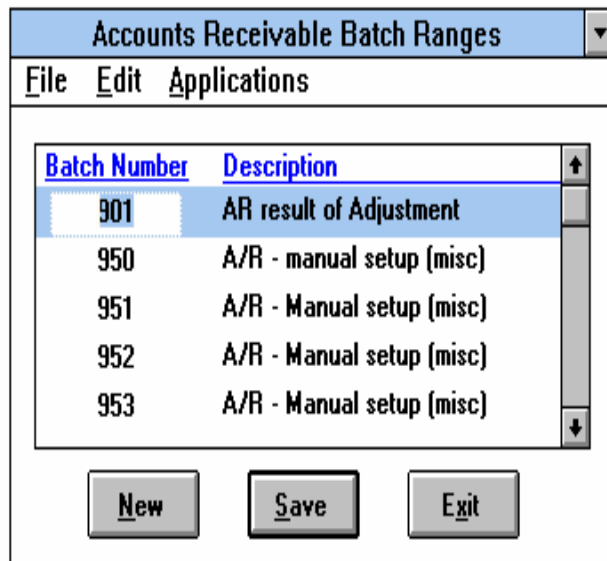
Figure 16.1 – Accounts Receivable Batch Ranges Window

Accounts Receivable Batch Ranges Menu Tree		
File	Edit	Applications
New	Copy	Ad hoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit Indiana*AIM*		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 16.2 – Accounts Receivable Batch Ranges Menu Tree

This is the menu tree for the Accounts Receivable Batch Ranges window. This illustration shows the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop down-box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of each command.

Menu Selection: File

New – Adds A/R Batch Number table entry

Save – Saves A/R Batch Number table entry

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

Audit – Displays the audit trail for accounts receivables

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Batch Number

Description – Number that defines the type of A/R transaction, such as A/R result of adjustment or A/R-manual setup

Format – Three alphanumeric characters

Features – See the *Tables Manual, A/R Batch Numbers* for a listing of valid values

Edit – None

To Correct – N/a

Field Name: Description

Description – Description associated with the batch number

Format – Float

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC02.PBL

Window – W_AR_SETUP_BATCH_RANGES

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_AR_SETUP_BATCH_RANGES

System Features

Click **New** to enter a new batch number.

Click **Save** to save the batch number.

Click **Exit** to exit the window.

Section 17: Provider Accounts Receivable Disposition Reasons Window

Introduction

The Provider Accounts Receivable Dispositions Reasons window is used by a Financial systems engineer to add or update the reason code table associated with the accounts receivable dispositions.

Figure 17.1 – Provider Accounts Receivable Dispositions Reasons Window

Provider Accounts Receivable Disposition Reason

File	Edit	Applications
New	Copy	Ad hoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit Indiana*AIM*		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 17.2 – Provider Accounts Receivable Disposition Reason Menu Tree

This is the menu bar for the Provider Accounts Receivable Disposition Reasons window. This illustration shows the overall menu commands and window options on the Provider Accounts Receivable Disposition Reasons window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Adds new A/R Reason Code table entries

Save – Saves new A/R Reason Code table entries

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

Audit – Shows the audit trail for accounts receivables

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name*: Reason Code*

Description – Four-digit code number used to explain a specific accounts receivable

Format – Four numeric characters

Features – See the *Tables Manual, Provider A/R Disposition Reason Codes* for a list of valid values

Edit – None

To Correct – N/a

Field Name: Description

Description – Description of the reason code field

Format – Float

Features – None

Edit – None

To Correct – N/a

Field Name: Type of Reason

Description – Description of the type of reason associated with the specific description

Format – Float

Features – Drop-down box. Valid values include the following:

- Adjustment
- Claims Activity
- Cash Receipts

Edit – None

To Correct – N/a

Field Name: Calculate Interest

Description – Indicates if interest is calculated before or after the principal (Yes = interest calculated first, No = interest calculated last)

Format – Float

Features – Drop -down box. Valid values include the following:

- Yes
- No

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC02.PBL

Window – W_AR_DISP_REASONS

Menu – None

Data Windows – DW_AR_DISP_REASONS

System Features

Click **New** to enter a new reason code.

Click **Save** to save the reason code entry.

Click **Exit** to exit the window.

Section 18: Provider Accounts Receivable Tracking Status Reasons Window

Introduction

The Provider Accounts Receivable Tracking Status Reasons window is used by EDS to apply adds and updates to the reason code table associated with the accounts receivable setup process.

Figure 18.1 – Provider Accounts Receivable Tracking Status Reasons Window

Provider Accounts Receivable Tracking Status Reasons

File	Edit	Applications
New	Copy	Ad hoc Reporting
Save	Paste	Claims
Delete	Cut	Financial
Print		Managed Care
Exit		MARS
Audit		Prior Authorization
Exit Indiana*AIM*		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 18.2 – Provider Accounts Receivable Tracking Status Reasons Menu Tree

This is the menu tree for the Provider Accounts Receivable Tracking Status Reasons window. This illustration shows the overall menu commands and window options on the Provider Accounts Receivable Tracking Status Reasons window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Adds reason to the window

Save – Saves the tracking status information

Delete – Deletes the Accounts Receivable Tracking Status Reasons information

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

Audit – Displays the audit trail for the accounts receivable

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Tracking Code

Description – Four-digit code number used to explain why a specific accounts receivable is tracked.

Format – Four numeric characters

Features – See the *Tables Manual, A/R Tracking Status Reason Codes* for a list of valid values.

Edit – 91006, Tracking Code Field is required!

To Correct – Enter a tracking code

Edit – 91029, Tracking Code must be numeric!

To Correct – Verify and enter a valid tracking code

Edit – 91058, Tracking code must be four characters!

To Correct – Verify and enter a four-character code

Field Name: Description

Description – Description of the tracking code field

Format – Float

Features – None

Edit – 91006, Description Field is required!

To Correct – Enter a description for the tracking code

System Information

PBL – FINC02.PBL

Window – W_AR_STATUS_REASONS

Menu – M_AR_STATUS_REASONS

Data Windows – DW_AR_STATUS_REASONS

System Features

Click **New** button to enter a new tracking code.

Click **Delete** to delete a tracking code.

Click **Save** to save the tracking code.

Click **Exit** to exit the window.

Section 19: Financial AR Collections Window

Introduction

The Financial AR Collections Window is the initial window viewed in the Financial AR Collections functional area windows. This window allows access to the Collections Letters window, the Collection Tracking Window, and the Interest Rates window.
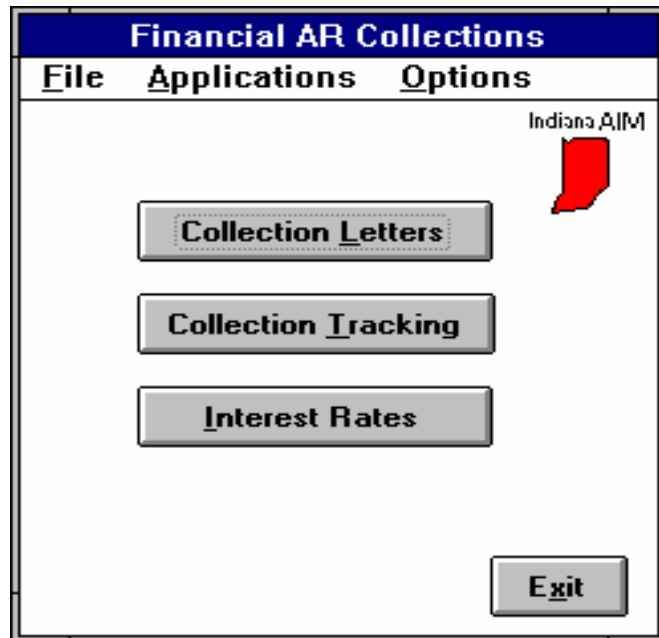
Figure 19.1 – Financial AR Collections Window

<table>
<tr><td colspan="3" align="center">**Accounts Receivables Collections**</td></tr>
<tr><td>File</td><td>Applications</td><td>Options</td></tr>
<tr><td>Exit</td><td>Ad hoc Reporting</td><td>Collection Letters</td></tr>
<tr><td>Exit Indiana*AIM*</td><td>Claims</td><td>Collection Tracking</td></tr>
<tr><td></td><td>Financial</td><td>Interest Rates</td></tr>
<tr><td></td><td>Managed Care</td><td></td></tr>
<tr><td></td><td>MARS</td><td></td></tr>
<tr><td></td><td>Prior Authorization</td><td></td></tr>
<tr><td></td><td>Provider</td><td></td></tr>
<tr><td></td><td>Recipient</td><td></td></tr>
<tr><td></td><td>Reference</td><td></td></tr>
<tr><td></td><td>Security</td><td></td></tr>
<tr><td></td><td>SURS</td><td></td></tr>
<tr><td></td><td>Third Party Liability</td><td></td></tr>
</table>

Figure 19.2 – Accounts Receivables Collections Menu Tree

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Exit – Returns to the Collections menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Collection Letters – Opens the Collection Letter Print window

Collection Tracking – Opens the Collection Tracking History window

Interest Rate – Opens the Interest Rate History window

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_FINANCIAL_COLLECTIONS

Menu – M_FINANCIAL_COLLECTIONS

Data Window – NONE

System Features

Click **Exit** to exit the AR Collection Menu

Systems Documentation – Financial I

Section 20: Collection Letters Window

Introduction

This window is not used at this time; however it does exist.

The Collection Letters window prints the initial collection, follow-up, and interest letters due for collection. To print, enter the search parameters, such as the letter type and the from and thru dates and select **Search**. The system displays the letter that meets the search criteria. To print all the letters displayed or just a few, set the selection indicator to Y (Yes) or N (No) and press **Print**. If an accounts receivable is manually forced in the accounts receivable collection process, the system displays the accounts receivable to print the collection, follow-up, and/or interest letter.

To initiate the manual collection letter process, access **Option Collection Letters** at the Accounts Receivable Setup/Maintenance window. The letter is printed the same as other letters. This propagates the appropriate information to the Collection Tracking History and Maintenance windows.

Figure 20.1 – Collection Letters Window

Collection Letters			
File	Edit	Applications	Options
Save	Copy	Ad hoc Reporting	Search
Print	Paste	Claims	Sort
Exit	Cut	Financial	Reset Limits
Exit Indiana*AIM*		MARS	Collections Tracking History
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 20.2 – Collection Letters Menu Tree

This is the menu tree for the Collections Letters window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Save – Saves data entered or displayed in the current window

Print – Accesses the Print menu and prints the window displayed

Exit – Returns to the Collections menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Search – Searches by selected parameters

Sort – Clears previous criteria and allows new criteria to be selected

Reset Limits – Generates the Sort Order window

Collections Tracking History – Opens the Collections Tracking History window for the highlighted accounts receivable

Field Information

Field Name: Letter

Description – Type of letter generated

Format – 20 alphanumeric characters

Features – Drop-down box. Valid values include the following:
- Collection Letter
- Follow-up Letter
- Interest Letter

Edits – None

To Correct – N/a

Field Name: From Date

Description – Beginning of the date range in the search criteria. All letters that meet the search date range are displayed.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a valid date

Edit – 91006, Field is required!

To Correct – Enter a valid date value used in search criteria

Field Name: Thru Date

Description – End of the date range in the search criteria. All letters that meet the search date range are displayed.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a valid date

Edit – 91006, Field is required!

To Correct – Enter a valid date value to be used in search criteria

Edit – 91077, Thru Date must be ≥ From Date!

To Correct – Verify entry and re-enter valid date

Field Name: Program

Description – Medical assistance program is associated with the accounts receivable

Format – 35 alphanumeric characters

Features – Drop-down box. For valid values, refer to the *Tables Manual, Medical Assistance Programs*.

Edit – 91006, Program field is required!

To Correct – Select the appropriate program from the drop-down box

Field Name: Selection Indicator

Description – Identifies the letters that need to be generated

Format – One alphabetic character

Features – Valid values are Y and N (default value = Y)

Edit – None

To Correct – N/a

Field Name: A/R

Description – Number identifying the accounts receivable

Format – 13 numeric character (RRYYJJJBBBSSS). Valid values include the following:

- RR – Region
- YY – Year
- JJJ – Julian Date
- BBB – Batch number
- SSS – Sequence within batch

Region and Batch Number – The valid region code for manually-established accounts receivables is 60. Accounts receivables maintains the region code, year, Julian date, batch number, and sequence of the adjustment (daughter) claim. Refer to the *Tables Manual* for a list of valid batch numbers and region codes for manually-established accounts receivables.

Features – System generated

Edit – None

To Correct – N/a

Field Name: Provider No.

Description – Provider ID number and location identifying the provider of services

Format – 10 alphanumeric characters (999999999 X)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Program

Description – Program code representing the Medical Assistance Program associated with the accounts receivable

Format – Two alphanumeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Effective Date (From)

Description – Original date accounts receivable became active

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name*: Days Aged*

Description – Number of days the accounts receivable has aged. Calculation of aged days starts from the effective date.

Format – Three numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Original Amount

Description – Original setup amount of the accounts receivable

Format – 10 numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Dispositioned Amount

Description – Total amount to date that has been dispositioned

Format – 10 numeric characters

Features – System generated

Edit – None

To Correct – N/a

Other Messages

Edit – 91024, No match found!

To Correct – Enter new search criteria

System Information

PBL – FINC02.PBL

Window – W_AR_COLLECTION_LETTERS

Menu – M_AR_COLLECTION_LETTERS

Data Windows – DW_AR_COLLECTION_CRITERIA

DW_AR_COLLECTION_SEARCH

System Features

Click **Search** to access the database and search for records meeting the selected criteria

Click **Print** to print all letters with a selection indicating of Y (Yes).

Click **Exit** to exit the application.

Section 21: Collections Tracking History Window

Introduction

This window is not used at this time; however it does exist.

The Collections Tracking History window displays collection letter activity for associated aged accounts receivables. This window is systematically generated for each provider who has collection activity.

Figure 21.1 – Collections Tracking History Window

Figure 21.2 – Collections Tracking History Menu TreeCollection Letters

File	Edit	Applications	Options
Select	Copy	Ad hoc Reporting	Search
Print	Paste	Claims	Sort
Exit	Cut	Financial	Reset Limits
Exit Indiana*AIM*		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 21.3 – Collections Tracking History Tree

This is the menu tree for the Collections Tracking History window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the
    command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Select – Opens the Collections Tracking Maintenance window for the highlighted line

Print – Accesses the Print menu to print the window displayed

Exit – Returns to the Collections menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

These commands access another window without closing the current window.

Search – Displays the accounts receivable collections records meeting the search parameters

Sort – Sorts the displayed list

Reset Limits – Sets the search parameters to zero or stated default values

Field Information

Field Name: Provider No./Loc

Description – Provider ID number and location that identifies the provider

Format – 10 alphanumeric characters (999999999 X)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Initial Letter From

Description – Date the initial collection letter is generated and mailed (certified) to the provider (entered as a begin date range search parameter)

Format – Eight numeric characters

Features – None

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a valid date

Field Name: Initial Letter Thru

Description – Date the initial collection letter is generated and mailed (certified) to the provider (entered as an end date range search parameter)

Format – Eight numeric characters

Features – None

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a valid date

Edit – 91020,Thru Date must be ≥ From Date!

To Correct – Enter a valid date greater than or equal to the from date

Field Name: Status

Description – Status of the collection activity (entered as a search parameter)

Format – 25 alphanumeric characters

Features – Drop-down box displays valid values (See the *Tables Manual, A/R Collection Status* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: A/R

Description – Number that identifies the accounts receivable

Format – 13 numeric characters (RRYYJJJBBBSSS). Valid values include the following:

- RR – Region
- YY – Year
- JJJ – Julian Date
- BBB – Batch number
- SSS – Sequence within batch

Region and Batch Number – The valid region code for manually established accounts receivables is 60. Accounts receivables maintains the region code, year, Julian date, batch number, and sequence of the adjustment (daughter) claim. Refer to the *Tables Manual* for a list of valid batch numbers and region codes for manually established accounts receivables.

Features – System generated

Edit – None

To Correct – N/a

Field Name: Initial Letter

Description – Date the initial collection letter is generated and mailed (certified) to the provider

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Certified Dte

Description – Date the certified card for the letter is signed as received by the provider

Format – Eight numeric characters (CCYYMMDD)

Features – Propagated from Collections Tracking Maintenance

Edit – None

To Correct – N/a

Field Name: Follow-up Ltr

Description – Date the follow-up collection letter is generated and mailed to the provider

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Interest Ltr

Description – Date the interest collection notification letter is generated and mailed to the provider

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Interest Deadline

Description – Date the interest begins to calculate for an aged accounts receivable

Format – Eight numeric characters (CCYYMMDD)

Features – System generated 31 days after certified card date

Edit – None

To Correct – N/a

Field Name: Status

Description – Status of the collection activity

Format – 25 alphanumeric characters

Features – Drop-down box displays valid values (See the *Tables Manual, A/R Collection Status* for a list of valid values.)

Edit – None

To Correct – N/a

Other Messages

Edit – 91024, No match found!

To Correct – Verify and enter a valid search parameter, if needed

System Information

PBL – FINC02.PBL

Window – W_AR_TRACKING_SEARCH

Menu – M_AR_TRACKING_SEARCH

Data Windows – DW_AR_TRACKING_CRITERIA

DW_AR_TRACKING_SEARCH

System Features

Click **Search** to access the database to search for selected criteria.

Click **Select** to access the Collection Tracking Maintenance window of the highlighted line or double-click the line.

Click **Exit** to exit the window.

Section 22: Collections Tracking Maintenance Window

Introduction

The Collections Tracking Maintenance window is used to enter the Certified Card Receipt Date for an aged accounts receivable that has collection activity. The status for the collection activity is manually altered.

Figure 22.1 – Collections Tracking Maintenance Window

```
┌─────────────────────────────────────────────────────────────────────────────┐
│                    Collections Tracking Maintenance                           │
│  ┌──────────────────────────────────────────────────────────────────────┐   │
│  │ File              Edit         Applications          Options           │   │
│  └──────────────────────────────────────────────────────────────────────┘   │
│    Select            Copy         Ad hoc Reporting      A/R Setup/Maintenance │
│    Print             Paste        Claims                A/R Comments          │
│    Exit              Cut          Financial             Interest Rate         │
│    Exit Indiana AIM               MARS                  History               │
│                                   Prior Authorization   Collection Letters    │
│                                   Provider              Search                │
│                                   Recipient             Reset Limits          │
│                                   Reference             Sort                  │
│                                   Security                                    │
│                                   SURS                                        │
│                                   Third Party Liability                       │
└─────────────────────────────────────────────────────────────────────────────┘
```

Figure 22.2 – Collections Tracking Maintenance Menu Tree

This is the menu tree for the Collections Tracking Maintenance window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Select – Select and views additional information for the line highlighted.

Print – Accesses the Print menu to print the window displayed

Exit – Returns to the Collections menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

A/R Setup/Maintenance – Opens the Provider Accounts Receivable Setup/Maintenance window for the accounts receivable displayed

A/R Comments – Opens the Accounts Receivable comments window to enter comments

Interest Rate Hx – Opens the Interest Rate History window for the accounts receivable displayed

Collection Letters – Opens the Collection Letters window to generate a collection or follow-up letter

Search – Displays the accounts receivable collection records meeting the search parameters

Research Limits – Sets the search parameters to zero or stated default values

Sort – Sorts the displayed list

Field Information

Field Name: Provider No./Loc

Description – Provider ID number and location identifying the provider of services

Format – 10 alphanumeric characters (999999999 X)

Features – System generated

Edit – None

To Correct – N/a

Field Name: A/R

Description – Number identifying the accounts receivable

Format – 13 numeric characters (RRYYJJJBBBSSS). Valid values include the following:

• RR – Region

• YY – Year

• JJJ – Julian Date

• BBB – Batch number

• SSS – Sequence within batch

Region and Batch Number – The valid region code for manually-established accounts receivables is 60. Accounts receivables maintains the region code, year, Julian date, batch number, and sequence of the adjustment (daughter) claim. Refer to the *Tables Manual* for a list of valid batch numbers and region codes for manually-established accounts receivables.

Features – System generated

Edit – None

To Correct – N/a

Field Name: Status

Description – Status of the collection activity

Format – 25 alphanumeric characters

Features – Drop-down box displays valid values (See the *Tables Manual, A/R Collection Status* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Days Aged

Description – Number of days the accounts receivable has aged (calculation of aged days starts from the effective date)

Format – Three numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Initial Letter

Description – Date the initial collection letter is generated and mailed (certified) to the provider

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Certified Dte

Description – Date the certified card for the letter is signed as received by the provider

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a valid date

Edit – 9068, Certified date must be prior to today's date!

To Correct – Verify and enter a valid date

Field Name: Follow-up Ltr

Description – Date the follow-up collection letter is generated and mailed to the provider

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Interest Ltr

Description – Date the interest collection notification letter is generated and mailed to the provider

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Interest Deadline

Description – Date the interest begins to calculate for an aged accounts receivable unless the interest is put on hold

Format – Eight numeric characters (CCYYMMDD)

Features – System generated 31 days after certified card date

Edit – None

To Correct – N/a

Field Name: Interest Rate

Description – Interest rate applicable to the accounts receivable displayed. This is controlled through the interest rate maintenance table.

Format – Five numeric characters

Features – Propagated from the interest rate maintenance table

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC02.PBL

Window – W_AR_COLLECTION_MAINT

Menu – M_AR_COLLECTION_MAINT

Data Windows – DW_AR_COLLECTION_MAINT

System Features

Click **Save** to save the information entered

Click **Exit** to exit the window.

Section 23: Interest Rate History Window

Introduction

This window is not used at this time; however it does exist.

The Interest Rate History window is used to view all interest rate segments established for each medical assistance program. Any accounts with collection activity are subject to interest assessment. The interest rate applied to the accounts receivable is determined by the segment in effect when the collection activity is initiated. To enter a new interest rate segment, click **New** in this window. This opens the Interest Rate Maintenance window. CSHCS does not currently assess interest to their aged accounts receivables; therefore, the rate segment on file for CSHCS is 00.0 percent.

Figure 23.1 – Interest Rate History Window

Interest Rate History	
File	Applications
New	Ad hoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit Indiana*AIM*	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 23.2 – Interest Rate History Menu Tree

This is the menu tree for the Interest Rate History window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Accesses the Interest Rate Maintenance window to enter a new rate segment

Select – Accesses the Interest Rate Maintenance window for the highlighted line

Print – Accesses the Print menu to print the window displayed

Exit – Returns to the Collections menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Effective From Date

Description – Date the interest rate segment is active

Format – Eight numeric characters (CCYYMMDD)

Features – Propagated from the Interest Rate Maintenance table

Edit – None

To Correct – N/a

Field Name: Effective Thru Date

Description – End date for the interest rate segment

Format – Eight numeric characters (CCYYMMDD)

Features – System generated (display only)

Edit – None

To Correct – N/a

Field Name: Interest Rate

Description – Interest rate applicable to the aged accounts receivable displayed

Format – Five numeric characters

Features – Propagated from the Interest Rate Maintenance table

Edit – None

To Correct – N/a

Field Name: Program

Description – Medical assistance program associated with the interest rate segment entered

Format – Float

Features – Propagated from the Interest Rate Maintenance table

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC02.PBL

Window – W_AR_INTEREST_HIST

Menu – M_AR_INTEREST_HIST

Data Windows – DW_AR_INTEREST_HIST

System Features

Click **New** to access the Interest Rate Maintenance window and enter a new rate segment.

Click **Select** to access the Interest Rate Maintenance window of the highlighted line.
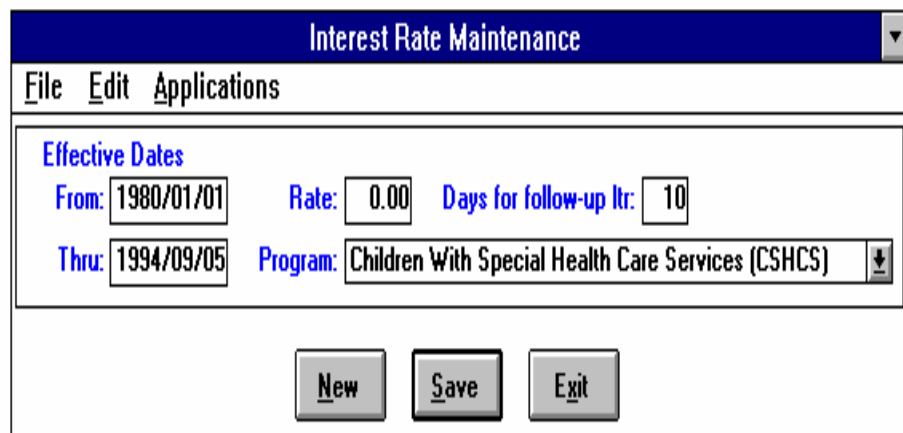
Click **Exit** to exit the window.

Section 24: Interest Rate Maintenance Window

Introduction

This window is not used at this time; however it does exist.

The Interest Rate Maintenance window is used to enter new interest rate segments for each medical assistance program. To enter a new interest rate segment, select **New**. CSHCS does not currently assess interest to their aged accounts receivables; therefore, the rate segment on file for CSHCS is 00.0 percent.

Figure 24.1 – Interest Rate Maintenance Window

Interest Rate Maintenance		
File	Edit	Applications
New	Copy	Ad hoc Reporting Claims
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit Indiana*AIM*		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability
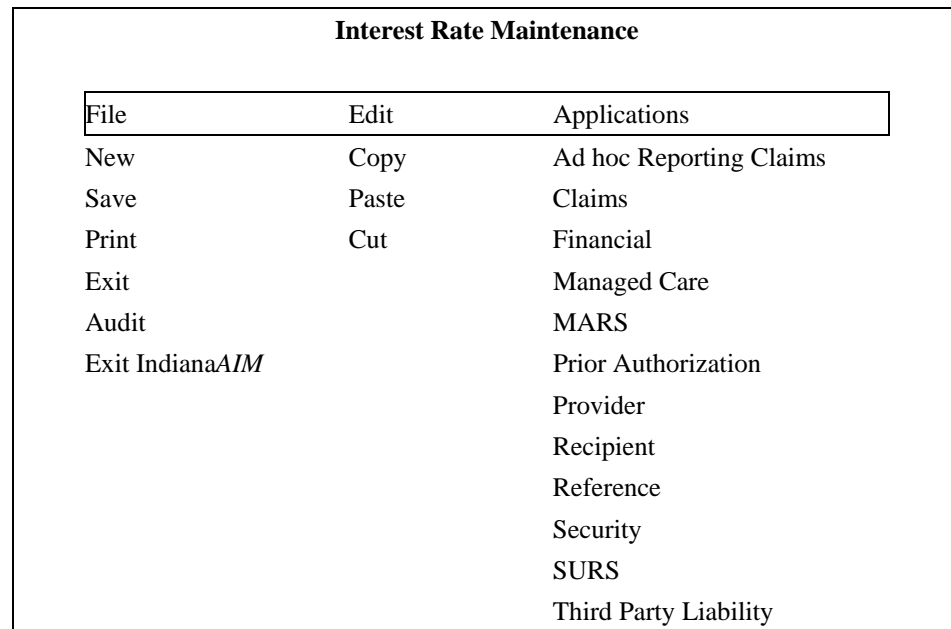
Figure 24.2 – Interest Rate Maintenance Menu Tree

This is the menu tree for the Interest Rate Maintenance window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Allows access to the Interest Rate Maintenance window

Save – Save data entered or displayed in the current window

Print – Accesses the print menu to print the window displayed

Exit – Returns to the Collections menu

Audit – Allows access to the audit window that tracks changes made to the Interest Rate Maintenance table.

Exit IndianaAIM – Exits Indiana*AIM*.

Menu Selection: Edit

This menu command allows adjustments to data entered.

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Effective From Date

Description – Date the interest rate segment is active

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a valid date

Edit – 9057, Effective date cannot be less than today's date!

To Correct – Verify and enter a date ≥ today's date

Field Name: Effective Thru Date

Description – End date for the interest rate segment

Format – Eight numeric characters (CCYYMMDD)

Features – System generated to the infinity date. The previous rate segment receives an effective date of one day less than the new rate segment.

Edit – None

To Correct – N/a

Field Name: Rate

Description – Interest rate applicable to the aged accounts receivable displayed

Format – Five numeric characters

Features – None

Edit – 9058, Percentage cannot exceed 100%!

To Correct – Verify and enter a percentage ≤ 100%

Edit – 91029, Percentage must be numeric!

To Correct – Verify and enter a numeric value

Field Name: Program

Description – Medical assistance program associated with the interest rate segment entered

Format – Float

Features – Drop-down box. See the *Tables Manual, Medical Assistance Programs* for a list of valid values.

Edit – None

To Correct – N/a

Other Messages

Edit – None

System Information

PBL – FINC02.PBL

Window – W_AR_INTEREST_MAINT

Menu – M_AR_INTEREST_MAINT

Data Windows – DW_AR_INTEREST_MAINT

System Features

Click **New** to access the Interest Rate Maintenance window and enter a new rate segment.

Click **Save** to save the information entered.

Click **Exit** to exit the window.

Section 25: Provider Tax Assessment Rates Maintenance

Introduction

This screen is used to review and update tax assessment rates for providers.

Figure 25.1 – Provider Tax Assessment Rates Maintenance Window

Provider Tax Assessment Rates Maintenance

File	Edit	Applications
Save	Copy	Ad hoc Reporting
Print	Paste	Claims
Exit	Cut	Financial
Audit		Managed Care
Exit Indiana*AIM*		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 25.2 – Provider Tax Assessment Rates Menu Tree

This is the menu tree for the Provider Tax Assessment Rates Maintenance window. This illustration shows the overall menu commands and window options on the Provider Tax Assessment Rates Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Save – Saves the tax assessment rate information

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

Audit – Displays the audit trail for assessment rates

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Provider Number

Description – Number identifying the provider where the update is applied

Format – Nine numeric characters (999999999)

Features –None

Edit – 91038, Provider number must be nine characters

To Correct – Enter correct provider number

Edit – 91024, No match found

To Correct – Enter a valid provider number

Field Name: Rate

Description – Tax assessment rate for the provider

Format – Ten numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Date Effective

Description – Effective date of new rate

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – Data Window Error, Item does not pass validation test

To Correct – Enter correct date

Field Name: Date End

Description – Date rate ends

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – Data Window Error, Item does not pass validation test

To Correct – Enter correct date

Field Name: Date Received

Description – Date rate is received from State Contractor

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – Data Window Error, Item does not pass validation test

To Correct – Enter correct date

Other Messages

None

System Information

PBL – FINC02.PBL

Window – W_ASSESS_RATE

Menu – M_ASSESS_RATES

Data Windows – DW_ASSESS_RATE_SRCH

DW_PR_ASSESS_RATE

System Features

Click **New** to clear the screen and enter a new provider number.

Click **Save** to save the information entered.

Click **Exit** to exit the window and access the Provider Accounts Receivable Selection window.

Click **Search** to retrieve the information for provider tax assessments matching the selection criteria entered.

Section 26: Check Search Window

Introduction

The Check Search window displays information related to a system check, such as check number, issue date, provider number, status of the check, and the amount of the check. This window initiates a void transaction for stale dated checks and stop payments. Claims information related to a specific check is accessed from this window.

Figure 26.1 – Check Search Window

Check Search

File	Edit	Applications
Exit	Copy	Ad hoc Reporting
Audit	Paste	Claims
Exit Indiana*AIM*	Cut	Financial
		Managed Care
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability
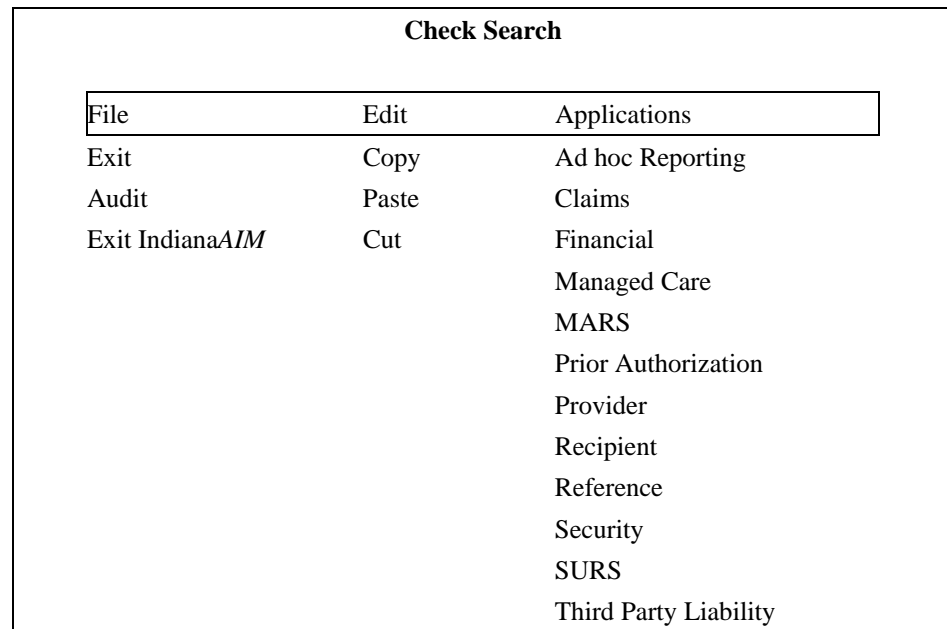
Figure 26.2 – Check Search Menu Tree

Figure 26.2 is an illustration of the menu tree for the Check Search window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Exit – Returns to the previous window

Audit – Displays the audit trail for check search

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Check Number

Description – Number assigned and printed on the system check

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Provider Number/Loc

Description – Number and service location assigned to the provider

Format – 10 alphanumeric characters (999999999A)

Features – None

Edit – None

To Correct – N/a

Field Name: Check Date

Description – Date the check is issued

Format – Eight numeric characters (CCYYMMDD)

Features – Generated from the check table

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Amount of the check issued

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Payee Type

Description – Payee receiving the check

Format – One alphabetic character. Valid values include the following:

- C – Carrier
- L – Lien
- O – Other
- P – Provider
- R – Recipient
- Y – County

Features – None

Edit – None

To Correct – N/a

Field Name: Check Number

Description – Number assigned and printed on the system check

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Date Issued

Description – Date the check is issued

Format – Eight numeric characters (CCYYMMDD)

Features – Generated from the check table

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Amount of the check issued

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Check Status

Description – Indicates if the check has been issued, reissued, outstanding, or previously voided

Format – One alphabetic character

Features – Generated from the check table. Valid values include the following:

- I – Issue
- C – Cleared
- S – Stoppay
- V – Void

Edit – None

To Correct – N/a

Field Name: Payee Type

Description – Payee receiving the check

Format – One alphabetic character. Valid values include the following:

- C – Carrier
- L – Lien
- O – Other
- P – Provider
- R – Recipient
- Y – County

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CHECK_SEARCH

Menu – M_CHECK_INQUIRE

Data Windows – DW_CHECK_INQUIRE

System Features

Click **Search** to search for the criteria entered.

Click **Select** to select a check to view.

Click **Exit** to exit the window.

Double-click on a highlighted line to view a system check.

Section 27: Check Inquiry Window

Introduction

The Check Inquiry window displays information related to a system check. This window initiates a void transaction for stale dated checks and stop payments. Claims information for a specific check is accessed from this window.

Figure 27.1 – Check Inquiry Window

File	Applications	Options
Print	Ad hoc Reporting	Inquire
Exit	Claims	Related Claims
Audit	Financial	
Exit Indiana*AIM*	Managed Care	
	MARS	s
	Prior Authorization	
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 27.2 – Check Inquiry Menu Tree

This is the menu tree for the Check Inquiry window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Use the mouse and click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the displayed window

Exit – Returns to the previous window

Audit – Accesses the audit trail window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command provides the following options:

Inquire – Allows the user to inquire about a specific system check

Related Claims – Accesses the Check to Claim Xref window

Field Information

Field Name: Payment Type

Description – Describes the type of payment (such as a check, manual, and so forth.)

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Issue Date

Description – Date the check is issued

Format – Eight numeric characters (CCYYMMDD)

Features – System generated from the check table

Edit – None

To Correct – N/a

Field Name: Payee Type

Description – Identifies the type of payee receiving payment

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Check Status

Description – Shows if the check has been issued, reissued, or previously voided

Format – One alphabetic character

Features – System generated from the check table. Valid values include the following:

- V – Void
- R – Reissue
- I – Issue

Edit – None

To Correct – N/a

Field Name: Check/EFT Number

Description – Number assigned and printed on the system check/EFT

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Amount of check issued

Format – 10 numeric characters ($99,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Provider Number

Description – Number and service location assigned to the provider

Format – 10 alphanumeric characters (999999999A)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Cleared Date

Description – Date check cleared the bank

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Field Name: Lien Doc Number

Description – Number assigned to a lien

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Carrier Number

Description – Number assigned to a carrier

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: RID

Description – Number that identifies the recipient

Format – Twelve number characters (999999999999)

Features – None

Edit – 91106, RID# not found

To Correct – Verify and type a valid RID number

Edit – 80029 RID# must be 12 characters

To Correct- Verify and type a valid RID number

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CHECK_INQUIRY

Menu – M_CHECK_INQUIRE

Data Windows – DW_CHECK_INQUIRE

System Features

Click **Inquire** to inquire about a new check number.

Click **Related Claims** to display the internal claim numbers (ICN) and the claim types associated with the system check.

Click **Reissue** to access the Reissue Reason Maintenance window.

Click **Clears** to access the Check Clears Maintenance window.
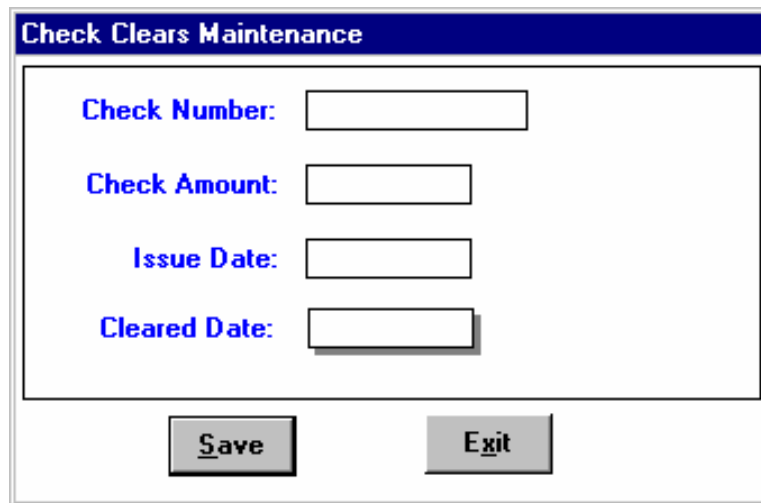
Click **Void** to void the check on the window.

Click **Exit** to exit the window.

Section 28: Check Clears Maintenance Window

Introduction

The Check Clears Maintenance window allows the user to clear a system-generated check through Indiana*AIM* windows.

Figure 28.1 – Check Clears Maintenance Window

Field Information

Field Name: Check Number

Description – Number assigned and printed on the system check

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Amount of check issued

Format – 10 numeric characters ($99,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Issue Date

Description – Date the check is issued

Format – Eight numeric characters (CCYYMMDD)

Features – System generated from the check table

Edit – None

To Correct – N/a

Field Name: Cleared Date

Description – Date the check was cleared

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91006, Clears Date Field is required!

To Correct – Verify entry and enter a valid clears date

Edit – 91022, Date cannot be greater than Today's date

To Correct – Verify entry and enter a clears date less than or equal to today's date

Edit – 91029, Cleared Date must be numeric!

To Correct – Verify entry and enter a valid clears date

Edit – 91040, Invalid Date - must be CCYYMMDD!

To Correct – Verify entry and enter a valid clears date

Edit – 91136, Cleared Date must be greater then Date Issued

To Correct – Verify entry and enter a valid clears date

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CHECK_CLEARS

Menu – NONE

Data Windows – DW_CHECK_CLEARS

System Features

Click **Save** to save the entry.

Click **Exit** to exit the window.

Section 29: Void System Check Window

Introduction

The Void System Check window provides the ability to void a check. This transaction reverses claims payments and accounts receivables associated with the check.

Figure 29.1 – Void System Check Window

Field Information

Field Name: Void Reason

Description – Reason the check is voided

Format – 25 alphabetic characters

Features – Drop-down box. Valid values include the following:

- Check Voided

- Void/Incorrect Payment

- Void/Wrong Provider

- Void/Duplicate Payment

- Void/Wrong Location
- Void/Wrong Provider ID
- Void/check Stale-Dated
- Void/New Tax ID Number
- Void/Wrong Procedure Code

Edit – 10002, Reason is Required! Please Enter a Value!

To Correct – Verify entry. This field is required

Field Name: Check Number

Description – Number assigned and printed on the system check

Format – Nine numeric characters

Features – Generated from check table

Edit – None

To Correct – N/a

Field Name: Issue Date

Description – Date the check is issued

Format – Eight numeric characters (CCYYMMDD)

Features – Generated from check table

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Amount of the check issued

Format – 10 numeric characters ($99,999,999.99)

Features – Generated from check table

Edit – None

To Correct – N/a

Field Name: Check Status

Description – Displays if the check has been issued, reissued, or previously voided

Features – One alphabetic character

Valid values include the following:

- V – Void

- R – Reissue

- I – Issue

Edit – None

To Correct – N/a

Field Name: Provider ID/Loc

Description – Number and service location code assigned to the provider

Format – 10 alphanumeric characters (999999999A)

Features – None

Edit – None

To Correct – N/a

Field Name: Txn's to Reverse

Description – Number of transactions associated with the system generated voided check

Format – Five numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Txn's Completed

Description – Number of transactions associated with the system generated voided check

Format – Five numeric characters

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_VOID_TXN

Menu – M_CASH_VOID_TXN

Data Windows – DW_CASH_VOID_TXN

DW_VOID_REASON

System Features

Click **OK** to void the check displayed. The message **New Cash Receipt Number is YYJJJBBBSSS** appears and the check status changes to **V**. The new Cash Receipt Number is posted to the Cash Receipt Search window with the 939 (description) batch range.

Click **Exit** to exit the window.

<div align="right">

Section 30: Reissue Reason Maintenance Window

</div>

Introduction

This screen is used to review, update, add and delete new reissue reason codes.
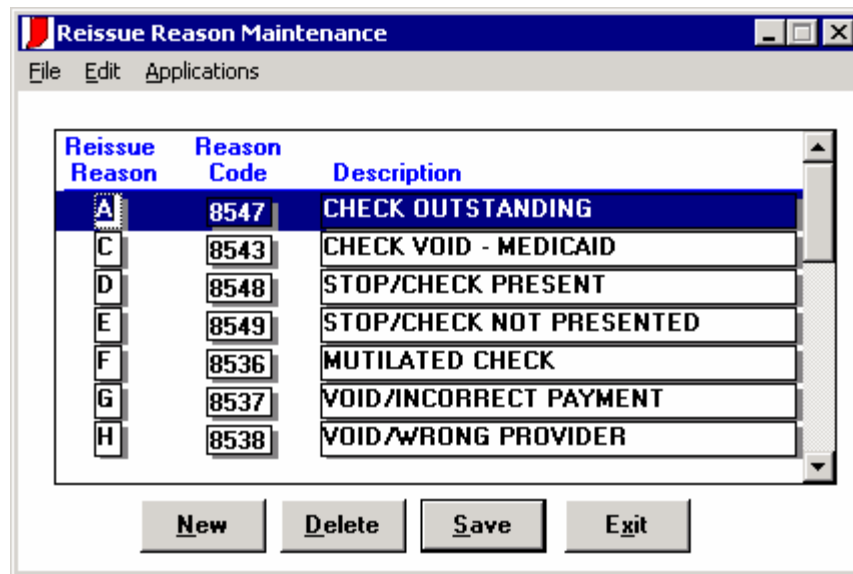
Figure 30.1 – Reissue Reason Maintenance Window

Reissue Reason Maintenance Menu		
File	Edit	Applications
New	Copy	Ad hoc Reporting
Save	Paste	Claims
Delete	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit Indiana*AIM*		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability
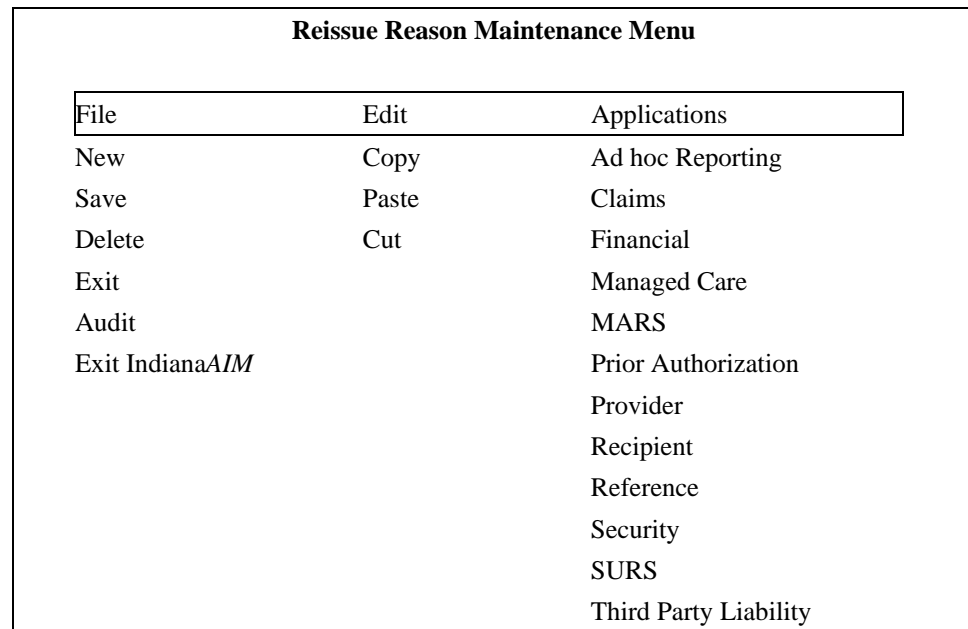
Figure 30.2 – Reissue Reason Maintenance Menu Tree

This is the menu tree for the Reissue Reason Maintenance window. This illustration shows the overall menu commands and window options on the Reissue Reason Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens the Provider A/R Disposition Maintenance window

Save –Saves the TPU reissue reason

Delete – Deletes the reissue reason information

Exit – Returns to the previous window

Audit – Displays the audit trail for the reissue reason

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Reissue Reason

Description – Reissue reason number/letter

Format – One alpha or numeric character

Features – None

Edit – 91006, Reissue Reason Code field is required!

To Correct – Enter correct reissue reason

Field Name: Reason Code

Description – Reissue reason code

Format – Four Alpha/numeric characters

Features – None

Edit – 91006, Reissue reason code field is required!

To Correct – Enter correct reissue reason code

Field Name: Description

Description – Reissue reason description

Format – Float

Features – None

Edit – 91006, Description field is required!

To Correct – Enter description field

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_REISS_RSN_MAINT

Menu – M_REISS_RESN_MAINT

Data Windows – DW_REISS_RESN_CDE

System Features

Click **New** to enter a new reissue reason code.

Click **Delete** to delete a reissue reason code entry.
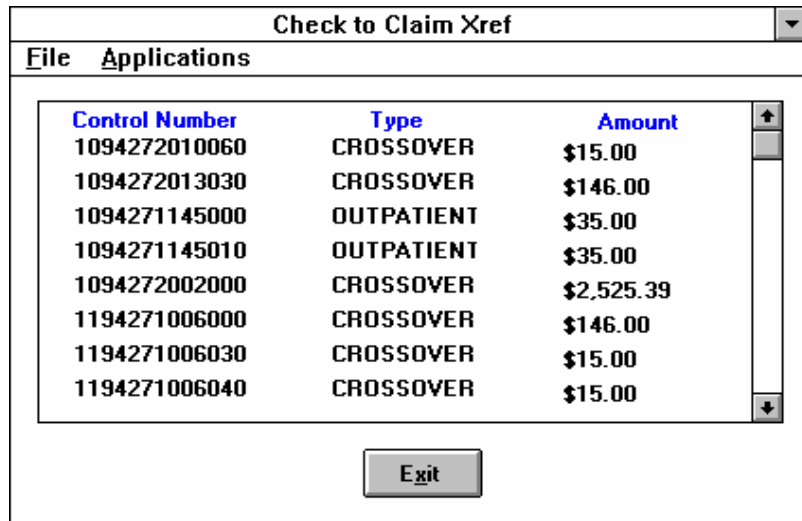
Click **Save** to save the reissue reason code entered.

Click **Exit** to exit the window and access the Financial Maintenance Menu.

Section 31: Check to Claim Xref Window

Introduction

The Check to Claim Xref window provides the ability to view the associated claim internal control numbers (ICN) and claim types of a system check.

Control Number	Type	Amount
1094272010060	CROSSOVER	$15.00
1094272013030	CROSSOVER	$146.00
1094271145000	OUTPATIENT	$35.00
1094271145010	OUTPATIENT	$35.00
1094272002000	CROSSOVER	$2,525.39
1194271006000	CROSSOVER	$146.00
1194271006030	CROSSOVER	$15.00
1194271006040	CROSSOVER	$15.00

Figure 31.1 – Check to Claim Xref Window

Check to Claim Xref Menu	
File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 31.2 – Check to Claim Xref Menu Tree

This is the menu tree for the Check to Claim Xref window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the displayed window

Exit – Returns to the Check Inquiry window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Control Number

Description – Number assigned to each claim at the time of receipt

Format – 13 numeric characters (RRYYJJJBBBSSS). Valid values include the following:

- YY – Year
- JJJ –Julian date of check receipt
- BBB – Batch range (see table)
- SSS – Sequence within each batch range
- RR – Region

Features – System generated

Edit – None

To Correct – N/a

Field Name: Type

Description – Type of claim

Format – 15 alphanumeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Amount

Description – Amount of the claim

Format – Nine numeric characters ($9,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CHECK_CLAIM_XREF

Menu – NONE

Data Windows – DW_CHCK_CLM_XREF

System Features

Click **Exit** to exit the window.

Section 32: Cash Receipt Search Window

Introduction

The Cash Receipt Search window is used to inquire about a specific check. The window provides the ability to search by a cash control number or by the provider's or payor's name.

Figure 32.1 – Cash Receipt Search Window

Cash Receipt Search Menu			
File	Edit	Applications	Options
New	Copy	Ad hoc Reporting	Search
Select	Paste	Claims	
Print	Cut	Financial	
Exit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 32.2 – Cash Receipt Search Menu Tree

This is menu tree for the Cash Receipt Search window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens the Check Log window

Select – Opens the Check Log window with previously entered information

Print – Prints the Cash Receipt Search window

Exit – Returns to the Financial Menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Search – Click to view a cash control number

Field Information

Field Name: Cash Control No (Search)

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year

- JJJ – Julian Date of Check Receipt
- BBB – Batch Range (see table)
- SSS – Sequence within each batch range

Features – None

Edit – 91029, CCN must be numeric!

To Correct – Verify and enter a valid numeric cash control number

Edit – 91024, No Match Found!

To Correct – Verify and enter a cash control number

Edit – 91037, Search Field is required!

To Correct – If the CCN is used as a search criteria, enter a valid CCN (CCN can be used in conjunction with name when searching for a check, or it may be used separately)

Field Name: Name (Search)

Description – Name on the check

Format – 25 alphanumeric characters

Features – None

Edit – 91024, No Match Found!!

To Correct – Verify and enter cash control number

Edit – 91037, Search Field is required!

To Correct – Enter a name as search criteria. (Name can be used in conjunction with CCN when searching for a check or it may be used separately)

Field Name: Check Amount

Description – Dollar amount of the check

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – 91029, Check amount must be numeric

To Correct – Enter correct check amount

Field Name: Check Date

Description –Date printed on the check

Format – Eight numeric characters (ccyymmdd)

Features – None

Edit –91001, Invalid Date

To Correct – Enter correct date format

Field Name: Check No

Description – Number used to identify the check

Format – System generated

Features – None

Edit – None

To Correct – N/a

Field Name: Cash Control Nor

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year
- JJJ – Julian date of check receipt
- BBB – Batch range (see tables manual)
- SSS – Sequence within each batch range
- See the *Tables Manual* for valid values.

Features – System generated

Edit – None

To Correct – N/a

Field Name: Name

Description – Payee name on the check

Format – 39 alphanumeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Dollar amount on the check

Format – 10 numeric characters ($99,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Check Number

Description – Number used to identify the check

Format –System generated

Features –None

Edit – None

To Correct – N/a

Field Name: Check Date

Description – Date printed on the check

Format –System generated

Features – None

Edit –None

To Correct – N/a

Other Messages

When trying to open a window that is currently open, the following edit will apply:

Edit – 91005, Window is Currently Open!

To Correct – Close the window and re-open

System Information

PBL – FINC01.PBL

Window – W_CASH_RCPT_SEARCH

Menu – M_CASH_RCPT_SEARCH

Data Windows – DW_CASH_RCPT_LIST

DW_CASH_RCPT_SEARCH

System Features

Click **Search** to search by CCN or payor's name.

Click **New** to clear the screen. This opens the Check Log window.

Click **Select** to select the CCN viewed or dispositioned.

Click **Exit** to exit the window.

Section 33: Check Log Window

Introduction

The Check Log window is used to enter checks received by EDS. Each check received is assigned a Cash Control Number (CCN) that includes a batch range. The batch range identifies the type of check received. This window provides the ability to inquire about a CCN.

Figure 33.1 – Check Log Window

Check Log Menu

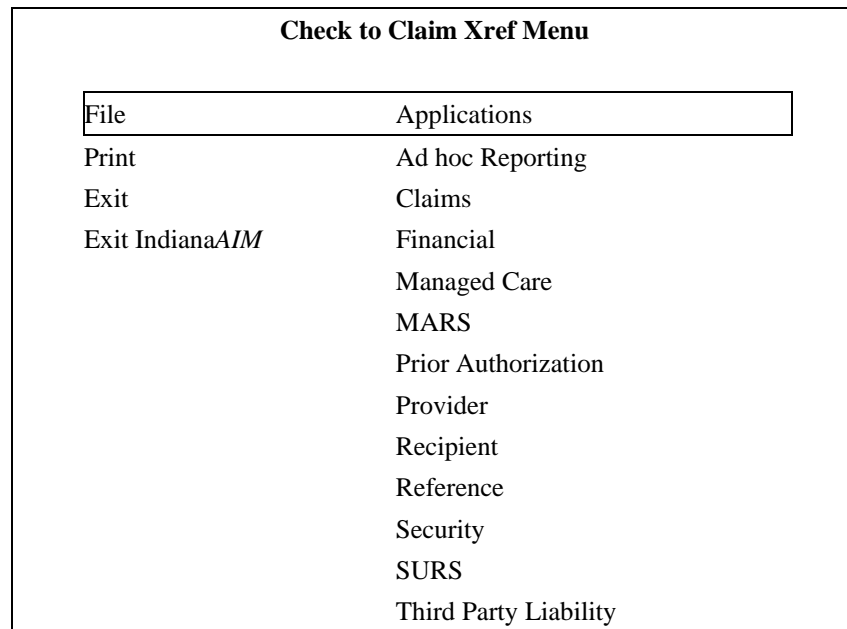| File	Edit	Applications	Options
New	Copy	Ad hoc Reporting	Inquire
Save	Paste	Claims	RTS
Delete	Cut	Financial	Disposition
Print		Managed Care	Void
Exit		MARS	Comment
Audit		Prior Authorization	
Exit Indiana*AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 33.2 – Check Log Menu Tree

This is the menu tree for the Check Log window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens the check log window

Save – Saves current entry

Delete – Deletes the CCN on the Check Log window

Print – Prints the Check Log window

Exit – Returns to Cash Receipt Search window

Audit – Accesses the audit trail window for this application

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Inquire – Click to view a new CCN

RTS – Click to access the RTS window

Disposition – Click to access the Disposition window

Void – Click to access the Void System Check window

Comment – Click to access the Comments window

Field Information

Field Name: Cash Control Number

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year of Receipt
- JJJ – Julian date of check receipt
- BB – Batch range (see tables manual)
- SSS – Sequence within each batch range

Features – None

Edit – 8016, Cash Control Number Duplicate found – Please re-enter!

To Correct – Verify and enter a new CCN

Edit – 9015, Control number must be 11 digits!

To Correct – Verify and enter valid control number

Edit – 9017, Control Number Must be Numeric!

To Correct – Verify and enter a valid batch range

Edit – 9037, Batch Number Not on Batch Table!

To Correct – Verify and enter a valid batch range

Edit – 9116, CCN Julian date > Current Date! Please Reenter!

To correct – Verify and enter a CCN

Edit – 9021, Control Number Julian Days Invalid

To Correct – Verify and enter a CCN

Field Name: Check Date

Description – Date printed on the check

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91022, Date cannot be greater than today's date!

To Correct – Verify and enter a correct date

Field Name: Check Number

Description – Bank sequence number printed on the check

Format – Nine numeric characters

Features – None

Edit – 9011, Check Number must be numeric!

To Correct – Verify and enter a check number

Field Name: Check Amount

Description – Dollar amount on the check

Format – Ten numeric characters ($99,999,999.99)

Features – Dollar amount is entered twice to verify entry

Edit – 9039, Check Amount not correct

To Correct – Verify and enter the check amount

Edit – 9016, Amount paid must be numeric!

To Correct – Verify and enter a valid amount

Edit – 10002, Check Amount is Required! Please type a Value!

To Correct – Enter a check amount

Field Name: Name

Description – Payor name on the check

Format – 25 alphanumeric characters

Features – None

Edit – 9019 Name is required!

To Correct – Enter name

Field Name: New CCN

Description – Used to inquire about a specific cash control number.

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

• YY – Year of Receipt

• JJJ – Julian date of check receipt

• BBB – Batch range (See the *Tables Manual*)

- SSS – Sequence within each batch range

Features – None

Edit – 9018, Cash control number not on file!

To Correct – Verify and enter cash control number

Other Messages

After clicking **New** and exiting with a batch range of 998, the following edits apply:

Edit – 9043, Current Batch Range requires RTS information!

To Correct – Verify RTS letter needs to be generated. If not, change batch number to appropriate CCN. If letter is needed, click **RTS** to open RTS window.

Edit – 9117, CCN Delete NOT Allowed. CCN has been dispositioned!

To Correct – Verify correct CCN was entered. If not, enter the correct CCN and select **Delete**.

Edit – 9118, CCN Delete NOT Allowed. RTS has been done!

To Correct – Verify correct CCN was entered. If not, enter the correct CCN and select **Delete**.

System Information

PBL – FINC01.PBL

Window – W_CASH_RCPT

Menu – M_CASH_RECPT_MAINT

Data Windows – DW_CASH_RECEIPTS

System Features

Check amount must be entered twice. When **Tab** is pressed or another field is selected, the system asks for an amount to be entered. This is to ensure accurate entry of all check amounts.

Click **Delete** to delete a CCN that has not been dispositioned or had an RTS letter sent.

Click **Comments** to access the window.

Click **New** to clear the screen for entry of a new check. The system will ask if the current entry should be saved.

Click **Save** to save the current entry.

Click **Exit** to exit the window.

Click **Inquire** to access a previously entered CCN.

Click **Disposition** to access and enter dispositions into the Cash Receipt Disposition Entry window.

Click **RTS** to access and enter return to sender information at the RTS window.

Click **Void** to access the Void System Check window.

Section 34: Cash Receipt Disposition Window

Introduction

The Cash Receipt Disposition window is used to view the amounts allocated for a given cash receipt. This window displays the original check amount, dispositions applied to date, and the balance remaining. It is used to ensure that all money received is posted.

Figure 34.1 – Cash Receipt Disposition Window

```
┌─────────────────────────────────────────────────────────────┐
│                  Cash Receipt Disposition Menu                │
│                                                               │
│   ┌─────────────────────────────────────────────────────┐    │
│   │ File                        Applications             │    │
│   └─────────────────────────────────────────────────────┘    │
│     New                         Ad hoc Reporting              │
│     Select                      Claims                        │
│     Print                       Financial                     │
│     Exit                        Managed Care                  │
│     Exit Indiana*AIM*           MARS                          │
│                                 Prior Authorization           │
│                                 Provider                      │
│                                 Recipient                     │
│                                 Reference                     │
│                                 Security                      │
│                                 SURS                          │
│                                 Third Party Liability         │
└─────────────────────────────────────────────────────────────┘
```
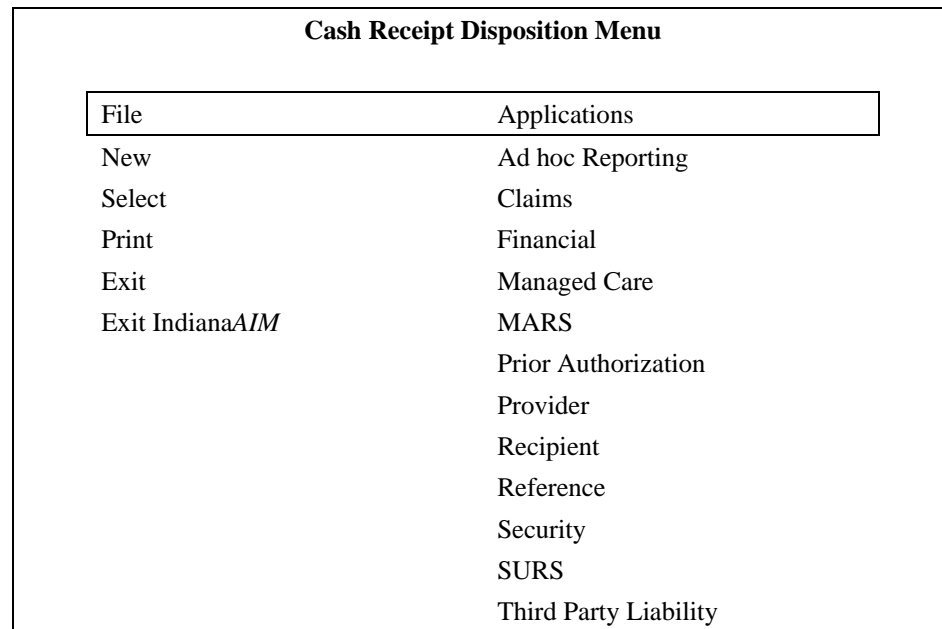
Figure 34.2 – Cash Receipt Disposition Menu Tree

This is the menu tree for the Cash Receipt Disposition window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens the Cash Receipt Disposition Entry window

Select – Opens the Cash Receipt Disposition Entry window

Print – Prints the data window

Exit – Returns to the Check Log window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Cash Control Number

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year of Receipt
- JJJ – Julian Date of Check Receipt
- BBB – Batch Range (see tables manual)
- SSS – Sequence within each batch range

Features – System generated

Edit – None

To Correct – N/a

Field Name: Original Amount

Description – Amount of the check received

Format – 10 numeric characters ($99,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Sequence Number

Description – Number identifying each individual disposition associated with a check

Format – Five numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Reason Code

Description – Code indicating how and why the amount was dispositioned

Format – Four numeric characters

Features – System generated (See the *Tables Manual, Cash Disposition Reason Codes* for a list of valid values.)

Edit – None

To Correct – N/a

Field Name: Posted

Description – Disposition posted to financial

Format – One alphabetic character (N or Y)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Disposition Amount

Description – Amount dispositioned from the check received

Format – 10 numeric characters ($99,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Balance

Description – Original amount less all disposition amounts applied

Format – 10 numeric characters ($99,999,999.99)

Features – System generated

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_RCPT_DISP

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_CASH_DISP_LIST

System Features

Click **New** to access the Cash Receipt Disposition Entry window to enter a new disposition associated with the cash receipt.

Click **Select** to view or change a disposition already entered at the Cash Receipt Disposition Entry window.

Double-click a highlighted line and the system opens the Cash Receipt Disposition Entry window.

Click **Exit** to exit the window.

Section 35: Cash Receipt Disposition Entry Window

Introduction

The Cash Receipt Disposition Entry window is used to disposition a check or to update an existing disposition. This window shows if a specific disposition is posted to financial. If an accounts receivable is associated with a cash disposition, the accounts receivable number is entered and displayed. The adjustment ICN of an associated disposition displays on this screen for reference.

Figure 35.1 – Cash Receipt Disposition Entry Window

Cash Receipt Disposition Entry Menu		
File	**Edit**	**Applications**
New	Copy	Ad hoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit Indiana*AIM*		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 35.2 – Cash Receipt Disposition Entry Menu Tree

This is the menu tree for the Cash Receipt Disposition Entry window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Clears the screen and opens new fields

Save – Saves the information added to the Cash Receipt Disposition window

Print – Prints the data window

Exit – Returns to the Cash Receipt Disposition window

Audit – Accesses the Audit trail window for this application

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Cash Control Number

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year of Receipt

- JJJ – Julian Date of Check Receipt

- BBB – Batch Range (see tables manual)

- SSS – Sequence within each batch range

Features – System generated

Edit – None

To Correct – N/a

Field Name: Txn Posted

Description – Disposition amount posted to financial

Format – One alphabetic character (Y or N)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Disposition Sequence

Description – Number identifies each individual disposition associated with a check. It increases by one for each new disposition associated with the check.

Format – Five numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Date Posted

Description – Displays date disposition was posted

Format – Eight numeric characters (ccyymmdd)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Program

Description – Program representing the Medical Assistance Program associated with the cash receipt

Format – Float

Features – Drop down box that displays available program descriptions

Edit – None

To Correct – N/a

Field Name: Reason Code

Description – Code indicating how and why the amount is dispositioned

Format – Four numeric characters

Features – Select reason from drop-down box that displays available codes and their descriptions (See the *Tables Manual* for reason codes and their descriptions.)

Edit – 9020, Reason code is required!

To Correct – Enter a valid reason code

Field Name: Disposition Amount

Description – Amount dispositioned from the check received

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – 9030, Disposition Amount causes negative balance!

To Correct – Verify and enter a new disposition amount

Edit – 9032, Disposition Amount must be numeric!

To Correct – Verify and enter amount

Edit – 10002, Disposition Amount is Required! Please Enter a Value!

To Correct – Enter a disposition amount

Field Name: A/R Number

Description – Accounts Receivable number to which the disposition amount is applied. The A/R number is the ICN of the adjustment claim that created the A/R or, if manually established, it is a unique user assigned 13-character number

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – None

Edit – None

To Correct – N/a

Field Name: RID

Description – Recipient ID associated with the cash transaction

Format – 12 numeric characters

Features – None

Edit – 60042, Invalid Recipient Medicaid ID!

To Correct – Verify and enter a valid recipient ID

Field Name: Adjustment ICN

Description – Adjustment ICN associated with the individual disposition of the cash receipt (This is posted after the batch cycle runs.)

Format – 13 numeric characters (RRYYJJJBBBSSS)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Provider ID

Description – Number assigned to the provider

Format – Nine numeric characters (999999999)

Features – None

Edit – 91052, Provider Number is invalid!

To Correct – Verify and enter a valid provider number

Edit – 91029, Provider Number must be numeric!

To Correct – Verify and enter a numeric provider number

Field Name: Loc

Description – Code that identifies the provider's service location

Format – One alphabetic character

Features – None

Edit – 5176, Service Location invalid for this Provider

To Correct – Verify and enter a valid service location

Edit – 91037, Provider Service Location field is required!

To Correct – Enter a valid provider service location

Field Name: Expenditure

Description – Number assigned to a provider to identify nonclaim specific payouts.

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: Provider Name

Description – Displays name of the provider

Format – System generated

Features – None

Edit – None

To Correct – N/a

Field Name: Voucher Number

Description – Voucher Number assigned to the recipient

Format –Nine numeric characters

Features – None

Edit – Error! Voucher Number is only used for CHIP and M.E.D. dispositions

To Correct – Only use when entering CHIP or M.E.D. dispositions

Edit – Voucher No must be none digits

To Correct – Enter a valid voucher number

Edit – Invalid voucher number for this account

To Correct – Enter valid voucher number

Field Name: Account Nbr

Description – Displays account number for recipient associated with the cash disposition

Format – Nine numeric character

Features – System generated

Edit – None

To Correct – N/a

Other Messages

Edit – 91124, Provider ID and LOC are required for this reason code!

To Correct – Verify and enter a provider ID and location code

System Information

PBL – FINC01.PBL

Window – W_CASH_DISP_MAINT

Menu – M_BASE_MAINT_SIMPLE_2

Data Windows – DW_CASH_DISP_MAINT

System Features

Click **New** to clear screen for entry of new disposition. This saves the current entry.

Click **Save** to save the current entry.

Click **Exit** to exit the window.

Section 36: Return to Sender Window

Introduction

The RTS Screen is used to initiate a return to sender letter to a provider for a specific reason. The RTS letter is initiated due to lack of information on a check or its related documentation.

Figure 36.1 – Return to Sender Window

Return to Sender Menu			
File	Edit	Applications	Options
Save	Copy	Ad hoc Reporting	Comments
Print	Paste	Claims	Write Letters
Exit	Cut	Financial	
Audit		Managed Care	
Exit Indiana*AIM*		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 36.2 – Return to Sender Menu Tree

This is the menu tree for the Return to Sender window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Save – Saves the current entry

Print – Prints the Return to Sender window

Exit – Returns to the Check Log window

Audit – Accesses the audit trail window for this application

Exit IndianaAIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Comments – Click **Comments** to access the Comments window

Write Letters – Click **Write Letters** to print letters

Field Information

Field Name: Control Number

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year of Receipt
- JJJ – Julian Date of Check Receipt
- BBB – Batch Range (see tables manual)
- SSS – Sequence within each batch range

Features – System generated

Edit – None

To Correct – N/a

Field Name: RTS Reason

Description – Code indicates why the check is returned and which letter is generated

Format – Three alphanumeric characters

Features – Drop-down box displays available letter codes and their RTS descriptions that are maintained using the RTS Reason Code Maintenance window (See the *Tables Manual* for a list of valid values.)

Edit – 9020, Reason code is required!

To Correct – Enter a valid reason code

Field Name: Provider ID

Description – Number assigned to the provider

Format – Nine numeric characters (999999999)

Features – None

Edit – 10009, Provider ID not on file! Please Re-Enter!

To Correct – Verify and enter a valid provider number

Field Name: Loc

Description – Code that identifies the provider's service location

Format – One alphabetic character

Features – None

Edit – 91103, Service Location must be alphabetic!

To Correct – Verify and enter an alpha service location

Field Name: Name

Description – Name to whom the check and/or letter is returned

Format – 39 alphanumeric characters

Features – System generated if valid provider number is entered at the header of this window

Edit – None

To Correct – N/a

Field Name: Address Line 1

Description – Address where the check and/or letter is returned

Format – 30 alphanumeric characters

Features – System generated if valid provider number is entered at the header of this window

Edit – 9028, Address Line 1 is required!

To Correct – Enter a valid address

Field Name: Address Line 2

Description – Address where the check and/or letter is returned

Format – 30 alphanumeric characters

Features – System generated if a valid provider number is entered at the header of this window

Edit – None

To Correct – N/a

Field Name: City

Description – City where the check and/or letter is returned

Format – 15 alphanumeric characters

Features – System generated if a valid provider number is entered at the header of this window

Edit – 9029, City is required!

To Correct – Enter a valid city

Field Name: State

Description – State where the check and/or letter is returned

Format – Two alphabetic characters

Features – System generated if a valid provider number is entered at the header of this window

Edits – 9023, State is required!

To Correct – Enter a valid state code

Field Name: ZIP Code

Description – ZIP code where the check and/or letter is returned

Format – Nine numeric characters

Features – System generated if a valid provider number is entered at the header of this window

Edits – 9024, Zip Code must be numeric!

To Correct – Verify and enter a numeric ZIP code

Edits – 9025, Zip Code must be five digits!

To Correct – Enter a valid ZIP code

Edits – 9026, Zip Code Extension must be numeric!

To Correct – Verify and enter a numeric ZIP code extension

Edits – 9027, Zip Code Extension must be four digits!

To Correct – Enter a ZIP code extension

Other Messages

If user exits return to sender with a reason code of R99 (other), the following edit applies:

Edit – 9040, Select Reason Code Requires Comments!

To Correct – Verify that comments need to be made. If not, change reason code to appropriate code.
If letter is needed, go to comments screen.

System Information

PBL – FINC01.PBL

Window – W_RTS_MAINT

Menu – M_CASH_RTS_MAINT

Data Windows – DW_CASH_RCP_ADR

DW_CASH_RCP_PRV_ADR

DW_CASH_RTS_INFO

System Features

Click **Comments**, to access the Comments Screen.
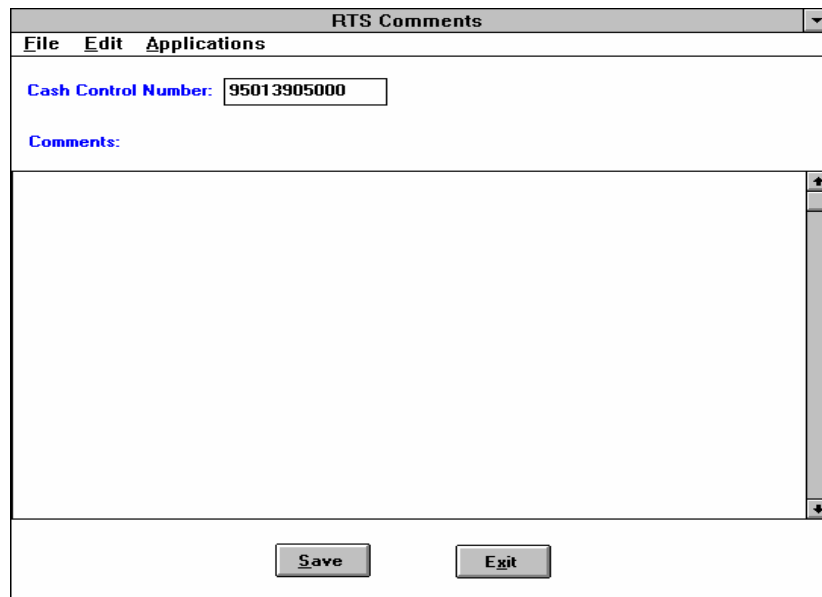
Click **Save** to save the current entry.

Click **Exit** to exit the window.

Section 37: RTS Comments Window

Introduction

The RTS Comments window is used to add comments or make the return to sender reason more specific. If the RTS reason is R99, the comments entered at this window become the body of the RTS letter.

Figure 37.1 – RTS Comments Window

RTS Comments Menu		
File	Edit	Applications
Save	Copy	Ad hoc Reporting
Print	Paste	Claims
Exit	Cut	Financial
Audit		Managed Care
Exit Indiana		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 37.2 – RTS Comments Menu Tree

This is the menu tree for the RTS Comments window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Save – Saves the information added to the RTS Comments window

Print – Prints the data window

Exit – Returns to the Return to Sender window

Audit – Shows the audit trail for the RTS Comments window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Cash Control Number

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year of Receipt
- JJJ – Julian Date of Check Receipt
- BBB – Batch Range (see tables manual)
- SSS – Sequence within each batch range

Features – System generated

Edit – None

To Correct – N/a

Field Name: Comments

Description – Used to write specific correspondence included in the body of the letter. If RTS reason code is R99, the contents of the letter are entered here.

Format – 2000 alphanumeric characters

Features – None

Edit – 9028, Address Line 1 is required!

To Correct – Verify and enter line one

Other Messages

Edit – 91004, Do you want to save changes?

To Correct – Click **Yes** or **No**

System Information

PBL – FINC01.PBL

Window – W_RTS_COMMENTS

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_CASH_VOID_TXN

System Features

Click **Save** to save the current entry.

Click **Exit** to exit the window.

Section 38: Daily Cash Receipt Totals Window

Introduction

The Daily Cash Receipt Totals window is used to enter the number of checks the Cash Control Unit received from different units. The numbers are posted on the Cash Control Balance Report.

Figure 38.1 – Daily Cash Receipt Totals

Daily Cash Receipt Totals Menu			
File	Edit	Applications	Options
New	Copy	Ad hoc Reporting	Inquire
Save	Paste	Claims	Run Reports
Delete	Cut	Financial	Batch Number Maintenance
Print		Managed Care	Disp Reason Maintenance
Exit		MARS	RTS Reason Maintenance
Audit		Prior Authorization	
Exit Indiana *AIM*		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 38.2 – Daily Cash Receipts Menu Tree

This is the menu tree for the Daily Cash Receipt Totals window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens the Daily Cash Receipt Totals window

Save – Saves the current entry

Delete – Deletes the entry

Print – Prints the Cash Receipt Totals window

Exit – Returns to the Financial Menu

Audit – Shows the audit trail for the Daily Cash Receipt Totals window

Exit IndianaAIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Inquire – Click to access a new receipt date

Run Reports – Click to access the Daily Cash Receipts Reports

Batch Number Maintenance – Click to access the Batch Number Maintenance window

Disp Reason Maintenance – Click to access the Cash Disposition Reason Code Maintenance window

RTS Reason Maintenance – Click to access the RTS Reason Code Maintenance window

Field Information

Field Name: Receipt Date

Description – Date the checks from different areas are received in the EDS mailroom

Format – Nine numeric characters (CCYYMMDD)

Features – None

Edit – 9007, Receipt Date not on file!

To Correct – Verify and enter the receipt date

Field Name: Today

Description – Current system date

Format – Eight numeric characters (CCYYMMDD)

Features – System generated

Edit – None

To Correct – N/a

Field Name: Mailroom Receipts

Description – Number of checks received and logged by the mailroom

Format – Nine numeric characters

Features – None

Edit – 9006, Check Count must be numeric!

To Correct – Verify and enter a valid numeric amount

Field Name: SURS

Description – Number of checks received and logged in the SURS Unit

Format – Nine numeric characters

Features – None

Edit – 9006, Check Count must be numeric!

To Correct – Verify and enter a valid numeric amount

Field Name: Provider Relations

Description – Number of checks received and logged in the Provider Relations Unit

Format – Nine numeric characters

Features – None

Edit – 9006, Check Count must be numeric!

To Correct – Verify and enter a valid numeric amount

Field Name: TPL

Description – Number of checks received and logged in the TPL unit

Format – Nine numeric characters

Features – None

Edit – 9006, Check Count must be numeric!

To Correct – Verify and enter a valid numeric amount

Field Name: Miscellaneous

Description – Total number of checks received and logged in areas other than those specified above

Format – Nine numeric characters

Features – None

Edit – 9006, Check Count must be numeric!

To Correct – Verify and enter a valid numeric amount

Field Name: Total

Description – Total of all checks received and logged by all areas. (This total must balance with the total number of checks entered in the cash receipts system.)

Format – Nine numeric characters

Features – System generated

Edit – None

To Correct – N/a

Field Name: New Receipt Date

Description – Inquires about cash receipts for a specific date

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 9007, Receipt Date not on file!

To Correct – Verify and enter a valid receipt date

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_RCPT_SEARCH

Menu – M_CASH_RECPT_TOTALS

Data Windows – DW_CASH_RCPT_TOTALS

System Features

Click **Inquire** to retrieve a new receipt date.

Click **New** to clear screen for entry of new receipt date. This will also save the current entry.

Click **Delete** to delete a record from the file.

Click **Save** to save the current entry.

Click **Exit** to exit the window.

Section 39: Batch Number Maintenance Window

Introduction

The Batch Number Maintenance window updates and adds new batch numbers to the cash receipt system. This window provides the ability to define a new batch number, give its description and whether or not it can be deposited, determine if it is a system check, or if a check should be returned to the sender.

Batch No	Description	Deposit (Y/N)	AIM System Check (Y/N)	Return to Sender (Y/N)
900	ATTNY/CASUALTY	Y	N	N
901	ATTNY/CASUALTY	Y	N	N
902	ATTNY/CASUALTY	Y	N	N
903	ATTNY/CASUALTY	Y	N	N
904	ATTNY/CASUALTY	Y	N	N
905	PROVIDER REFUND TPL	Y	N	N
906	PROVIDER REFUND TPL	Y	N	N
907	PROVIDER REFUND TPL	Y	N	N

Figure 39.1 – Batch Number Maintenance Window

Field Information

Field Name: Batch No

Description – Number identifying the type of check received (see *Tables Manual* for valid values)

Format – Three numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Description

Description – Description of batch number

Format – 30 numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Deposit (Y/N)

Description – Indicates if the check should be deposited

Format – One alphabetic character (Y or N)

Features – None

Edit – None

To Correct – N/a

Field Name: AIM System Check (Y/N)

Description – Indicates if the check is generated from Indiana*AIM*

Format – One alphabetic character (Y or N)

Features – None

Edit – None

To Correct – N/a

Field Name: Return to Sender (Y/N)

Description – Indicates whether or not the batch contains checks for return to the sender

Format – One alphabetic character (Y or N)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_BATCH_MAINT

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_CASH_BATCH_MAINT

System Features

Click **New** to enter new information.

Click **Save** to save the current entry.

Click **Exit** to exit the window.

Section 40: Cash Disposition Reason Code Maintenance Window

Introduction

The Cash Disposition Reason Code Maintenance window is used to enter and maintain the cash disposition reason codes table. These reason codes indicate type of disposition.

Figure 40.1 – Cash Disposition Reason Code Maintenance Window

Field Information

Field Name: Reason Code

Description – Number indicating why and how the disposition amount is applied

Format – Four numeric characters (see reason code table)

Features – None

Edit – None

To Correct – N/a

Field Name: Description

Description – Description of the reason code

Format – 50 alphanumeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Provider Number Required

Description – Indicates whether or not a provider number is required when applying the disposition

Format – One alphabetic character (Y or N)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_DISP_REASON_MAINT

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_CASH_DISP_REASON_MAINT

System Features

Click **New** to generate a new line to enter new reason code information.

Click **Save** to save the current entry.

Click **Exit** to exit the window.

Section 41: RTS Reason Code Maintenance Window

Introduction

The RTS Reason Code Maintenance window updates and adds new reasons to the RTS reason code table. These reason codes indicate why a check is returned and which Return to Sender letter to generate.

Figure 41.1 – RTS Reason Code Maintenance Window

Field Information

Field Name: Reason Code

Description – Code indicating why the check is returned and which letter is generated

Format – Three alphanumeric characters

Features – Drop-down box displays available letter codes and their RTS

Descriptions – See the *Tables Manual* for a list of valid values.

Edit – None

To Correct – N/a

Field name: Description

Description – Description of each reason code

Format – 25 alphabetic characters

Features – None

Edit – None

To Correct – N/a

Field Name: Comments (Y/N)

Description – Indicates if comments are needed on the RTS letter

Format – One alphabetic character (Y or N)

Features – None

Edit – None

To Correct – N/a

Field Name: Letter Document

Description – Indicates the file where the letter document is located

Format – 12 alphanumeric characters

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_RTS_REASON_MAINT

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_CASH_REASON_MAINT

System Features

Click **New** to generate a new line to enter another reason code.

Click **Save** to save the information enter into this window.

Click **Exit** to exit the window.

Section 42: Check Log Report (Online) Window

Introduction

The Check Log Report Window generates an online listing of all checks received, the payor's name, the amount of the check, and the CCN assigned to the check. EDS uses this window to print a daily check log report.

Figure 42.1 – Online Check Log Report Window

Check Log Report Menu

File	Applications
New	Ad hoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit Indiana*AIM*	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability
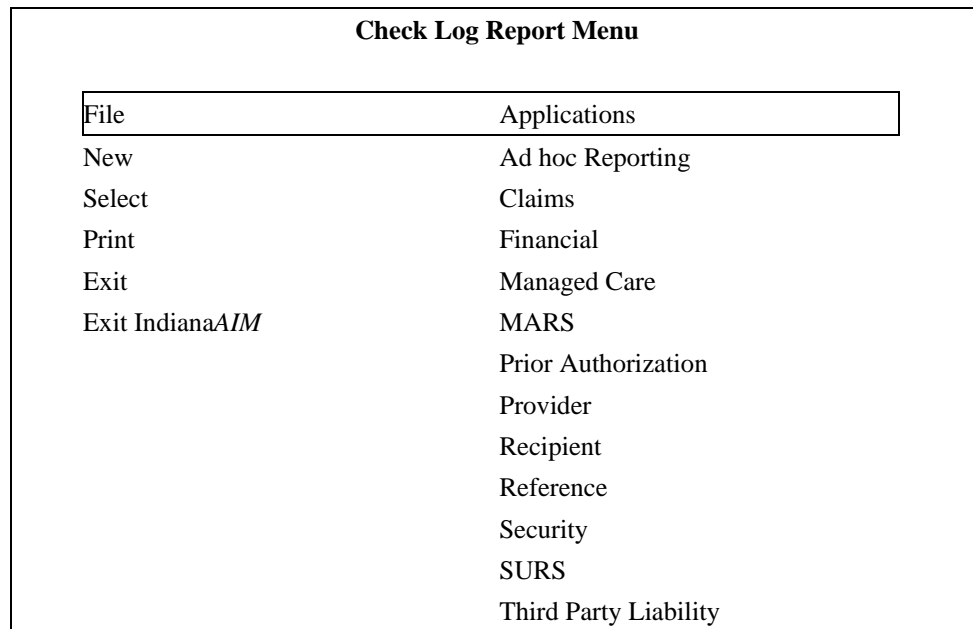
Figure 42.2 –Check Log Report Menu Tree

This is the menu tree for the Online Check Log Report window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Not available at this time

Select – Not available at this time

Print – Prints the data window

Exit – Returns to the Daily Cash Receipt Report window.

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: CHECK NUMBER

Description – Bank sequence number printed on the check

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: PAYOR NAME

Description – Name on the check

Format – 39 alphanumeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: *CHECK AMOUNT*

Description – Dollar amount on the check

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: *CCN*

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year of Receipt
- JJJ – Julian date of check receipt
- BBB – Batch range (see tables manual)
- SSS – Sequence within each batch range

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_CHECK_LOG

Menu – M_BASE_LIST_RETRIEVE

Data Window – DW_CASH_CHECK_LOG

System Features

Click **Print** to print the daily Check Log Report as displayed on this window.

Click **Exit** to exit the window.

Section 43: Daily Deposit Log (Online) Window

Introduction

This window displays the online Daily Deposit Log report that generates a list of all deposits, the batch number, the number of checks, and the amount of the deposit. The user must access this window to print the deposit log daily.

Figure 43.1 –Daily Deposit Log Window

Daily Deposit Log Menu	
File	Applications
New	Ad hoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit Indiana*AIM*	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 43.2 –Daily Deposit Log Menu Tree

This is the menu tree for the online Daily Deposit Log window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Not available at this time

Select – Not available at this time

Print – Prints the data window

Exit – Returns to Daily Cash Receipt Report window.

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Batch Number

Description – Batch being deposited

Format – Three numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Number of Checks

Description – Number of checks deposited for that batch number(s)

Format – Six numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Amount Deposited

Description – Amount deposited for that batch number(s)

Format – 10 numeric characters, ($99,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Number of Checks

Description – Total number of checks deposited for that batch number(s)

Format – Six numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount Deposited

Description – Total deposited for that batch number(s)

Format – 10 numeric characters, (99,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_DEPOSIT_LOG

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_CASH_DEPOSIT_LOG

System Features

Click **Print** to print the Daily Deposit Log.

Click **Exit** to exit the window.

Section 44: Cash Control Balance Report (Online) Window

Introduction

This window displays the online Cash Control Balance Report generated to show the variance between checks received and checks deposited. The window displays a list of checks not deposited and an explanation of why they were returned to the sender.

Figure 44.1 –Cash Control Balance Report Window

Cash Control Balance Report Menu	
File	Applications
New	Ad hoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit Indiana*AIM*	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability
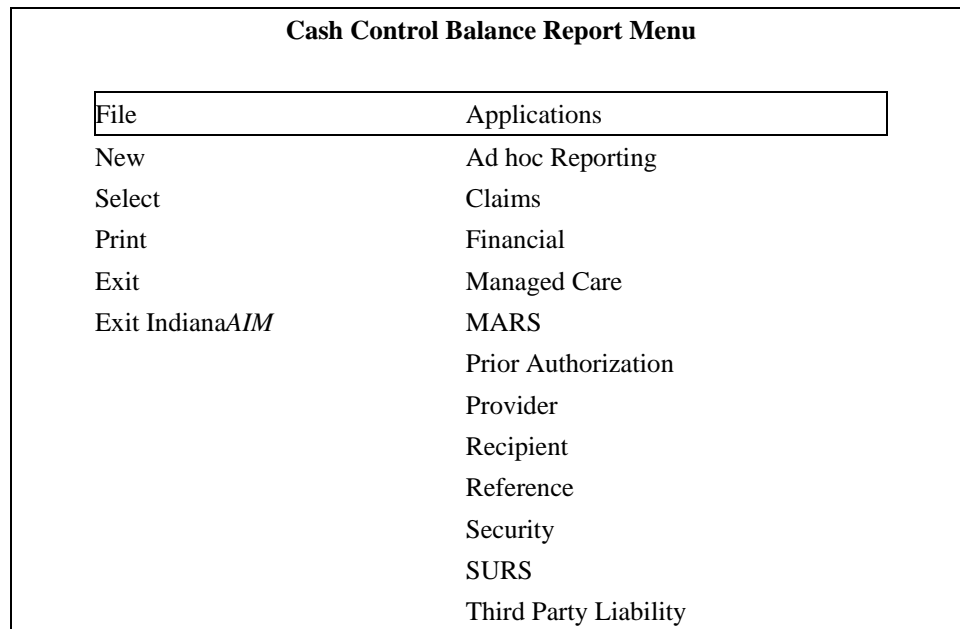
Figure 44.2 –Cash Control Balance Report Menu Tree

This is the menu tree for the online Cash Control Balance Report window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options for the window displayed.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Not available at this time

Select – Not available at this time

Print – Prints the data window

Exit – Returns to the Daily Cash Receipt Reports window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: CHECK RECEIPTS

Description – Total number of cash receipts for the day

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: DEPOSIT

Description – Total number of checks deposited

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: VARIANCE

Description – Difference between the total number of checks received and the total number of checks deposited

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: CCN

Description – Number used to track checks received. CCNs not deposited are listed in this field. The number of CCNs listed must equal the variance between check receipts and the checks deposited

Format – 11 numeric characters. Valid values include the following:

- YY − Year of Receipt
- JJJ − Julian date of check receipt
- BBB − Batch range (see tables manual)
- SSS − Sequence within each batch range

Features – None

Edit – None

To Correct – N/a

Field Name: Explanation

Description – Reason CCN is not deposited

Format – 25 numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Cash Control Clerk

Description – Clerk who developed the report

Format – N/a

Features – None

Edit – None

To Correct – N/a

Field Name: Date

Description – Date report is signed by the Cash Control clerk

Format – N/a

Features – None

Edit – None

To Correct – N/a

Field Name: Adj/Cash Control Spv

Description – Supervisor that agreed with the amounts from the Cash Control clerk

Format – N/a

Features – None

Edit – None

To Correct – N/a

Field Name: Date

Description – Date the supervisor signed the report

Format – N/a

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_CTL_BALANCE

Menu – M_BASE_LIST_RETRIEVE

Data Window – DW_CASH_CTL_BALANCE

System Features

Click **Print** to print the Cash Control Balance Report.

Click **Exit** to exit the window.

Section 45: Print RTS Letters Window

Introduction

The Print RTS Letters window is used to document the letters created during the RTS process. The letter lists the CCN, payor's name, and the check amount. RTS letters are stored in the file, printed daily and mailed to the sender along with the check or other appropriate documentation.
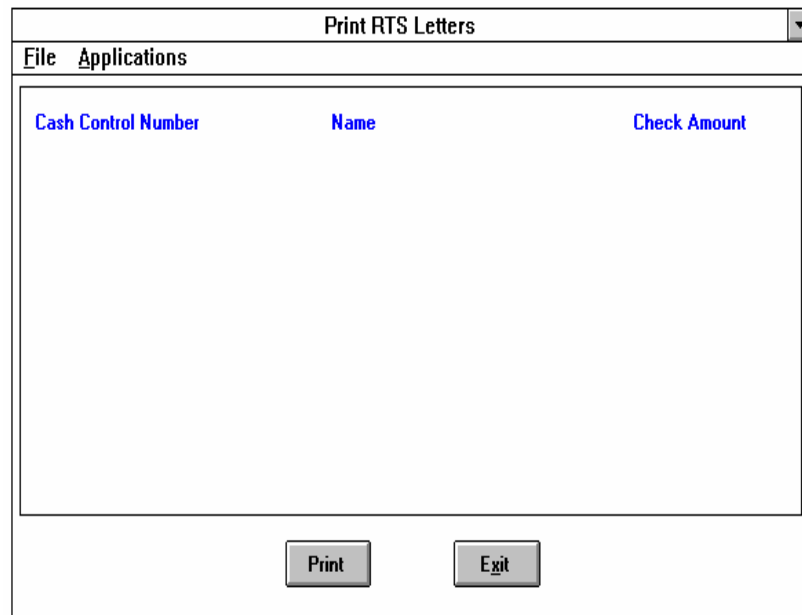
Figure 45.1 – Print RTS Letters Window

```
┌─────────────────────────────────────────────────────────────┐
│                     Print RTS Letters Menu                    │
│                                                               │
│   ┌─────────────────────────────────────────────────┐        │
│   │ File                    Applications             │        │
│   └─────────────────────────────────────────────────┘        │
│     New                     Ad hoc Reporting                  │
│     Select                  Claims                            │
│     Print                   Financial                         │
│     Exit                    Managed Care                      │
│     Exit Indiana*AIM*       MARS                              │
│                             Prior Authorization               │
│                             Provider                          │
│                             Recipient                         │
│                             Reference                         │
│                             Security                          │
│                             SURS                              │
│                             Third Party Liability             │
└─────────────────────────────────────────────────────────────┘
```
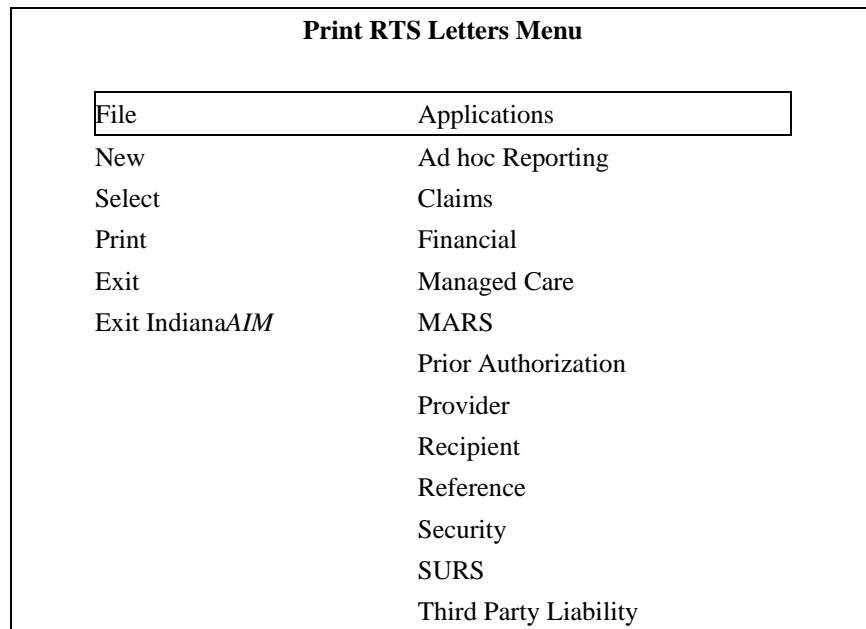
Figure 45.2 – Print RTS Letters Menu Tree

This is the menu tree for the Print RTS Letters window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options on the Print RTS Letters window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Not available at this time

Select – Not available at this time

Print – Prints the data window

Exit – Returns to the Daily Cash Receipt Report window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Cash Control Number

Description – Number used to track checks received

Format – 11 numeric characters (YYJJJBBBSSS). Valid values include the following:

- YY – Year of Receipt
- JJJ – Julian Date of Check Receipt
- BBB – Batch Range (see tables manual)
- SSS – Sequence within each batch range

Features – None

Edit – None

To Correct – N/a

Field Name: Name

Description – Name to whom the check and/or letter is returned

Format – 39 alphanumeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Amount on the check

Format – 10 numeric characters ($99,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CASH_RTS_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_CASH_RTS_LIST

System Features

Click **Print** to print all of the letters displayed on this window. This is done daily.

Click **Exit** to exit this window.

Section 46: Check Range Schedule Window

Introduction

The Check Range Schedule window is used to enter the starting and ending check numbers for each financial cycle. It lists the status of the check range entered by date, the beginning and ending internal check numbers, and the beginning and ending MICR check numbers. The Next Check option is used to inquire about the next check number assigned in the financial cycle.

Figure 46.1 – Check Range Schedule Window

Check Range Schedule Menu			
File	Edit	Applications	Options
Save	Copy	Ad hoc Reporting	New Date Range
Exit	Paste	Claims	Delete Date Range
Audit	Cut	Financial	Next Check
Exit Indiana*AIM*		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 46.2 – Check Range Schedule Menu Tree

This is the menu tree for the Check Range Schedule window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options on the Check Range Schedule window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command allows you to exit the Check Range Schedule window and save data under the Check Range Schedule window.

Save – Saves the current entry

Exit – Returns to the Financial Menu window

Audit – Shows the audit trail for the Check Range window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command allows the user to enter or delete new information with out closing the current window.

New Date Range – Click to enter new check ranges

Delete Date Range – Click to delete the check range selected

Next Check – Click to see the next check number for the check write

Field Information

Field Name: Date Issue

Description – Date the check stock is issued to operations for printing

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001, Invalid Date (CCYYMMDD)!

To Correct – Verify and enter a correct date

Field Name: Check Status

Description – Status of the check range dates

Format – Float

Features – Drop-down box. Valid values include the following:

• Void

• Good

Edit – None

To Correct – N/a

Field Name: Beginning Internal Check ID

Description – Internal number assigned to the beginning check in a check range

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Ending Internal Check ID

Description – Internal number that represents the end of a check range

Format – Nine numeric characters

Features – None

Edit – 00000, Invalid Number!

To Correct – Number must be greater than the beginning internal check

Field Name: Beginning MICR Check Number

Description – Number assigned to the check by the financial institution

Format – Nine numeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: Ending MICR Check Number

Description – Number of the last check in the range

Format – Nine numeric characters

Features – None

Edit – 00000, Invalid Number!

To Correct – Number must be greater than the beginning internal check

Other Messages

None

System Information

PBL – FINC01.PBL

Window – W_CHECK_RANGE

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_CHECK_RANGE_

System Features

Click **New Check Range** to enter new check ranges.

Click **Delete Check Range** to delete the check range selected.

Click **Print** to print all of the letters displayed on this window. This is done daily.

Click **Exit** to exit the window.

Section 47: 1099 Display Window

Introduction

The 1099 Display window is used to display the year-to-date 1099 information by provider for a specific calendar year. The window is split into header information and detail information. Header information displays year-to-date totals for refunds, voids, manual payouts, and net year-to-date totals. The detail information uses a scroll bar to display provider 1099 information.

Figure 47.1 – 1099 Display Window

1099 Display Menu			
File	Edit	Applications	Options
Select	Copy	Ad hoc Reporting	Search
Print	Paste	Claims	Show Providers
Exit	Cut	Financial	
Exit Indiana*AIM*		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 47.2 – 1099 Display Menu Tree

This is the menu tree for the 1099 Display window. This illustration shows the overall menu commands and window options on the 1099 Display window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Select – Allows the user to select and view additional information for the line highlighted

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This command accesses another window without closing the current window.

Search – Allows the user to search for a specific provider's 1099 information once the provider number is entered

Show Provider – Generates the 1099 Provider Display window

Field Information

Field Name: Year

Description – Year the 1099 Payment Detail information being viewed

Format – Four numeric characters (CCYY)

Features – None

Edit – 91029, 1099 Year must be numeric!

To Correct – Enter correct year

Edit – 91058, Year must be four characters!

To Correct – Enter correct year

Edit – 9115, No 1099 records for this search in this year.

To Correct – Enter valid year

Field Name: Tax Id

Description – Provider tax ID or Social Security Number

Format – Nine numeric characters (999999999)

Features – None

Edit – 91029, Tax ID must be numeric!

To Correct – Enter a numeric tax ID

Edit – 91038, Tax ID must be nine characters!

To Correct – Enter a nine-numeric tax ID

Field Name: Provider ID

Description – Number identifying the provider to whom the 1099 is applied. The provider number shows by location code, all locations associated with a specific FEIN/SSN

Format – Nine numeric characters (999999999)

Features – None

Edit – 9114, No 1099 Records for this Provider in this Year!

To Correct – Verify and enter search criteria

Edit – 10009, Provider ID not on file! Please Re-Enter!

To Correct – Verify and enter a valid provider number

Field Name: Service Location

Description – Provider service location suffix

Format – One alphabetic character

Features – None

Edit – 10002, Provider Look-Up Service Location is Required! Please enter a Value

To Correct – Verify and enter a valid service location

Edit – 91103, Must be alphabetic!

To Correct – Verify and enter a valid service location

Field Name: Number of Provider's Reported on this Tax ID

Description – Number of providers with the same tax ID reported for 1099s

Format – One numeric character

Features – System generated

Edit – None

To Correct – N/a

Field Name: Process Date

Description – Date a system check is processed

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Amount of the check issued

Format – 12 numeric characters ($9,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Manual Check

Description – Total manual expenditure payout to a provider during a calendar year

Format – 12 numeric characters ($9,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Claim Refunds

Description – Total dollar amount refunded to a provider during a calendar year

Format – 12 numeric characters ($9,999,999,999.99-)

Features – None

Edit – None

To Correct – N/a

Field Name: Non-Claim Refunds

Description – Total dollar amount posted as non-claim refunds to a provider during a calendar year

Format – 12 numeric characters ($9,999,999,999.99-)

Features – None

Edit – None

To Correct – N/a

Field Name: Void Amount

Description – Total dollar amount voided to a provider during a calendar year

Format – 12 numeric characters ($9,999,999,999.99-)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Check totals for a provider for each process date

Format – 12 numeric characters ($9,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Totals

Description – Provider's year-to-date net payment totals

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Other Messages

Edit – 91056, Please type at least one search field?

To Correct – Enter a tax ID or provider number/location

System Features

Click **Search** to retrieve the provider's 1099 information for the year selected

Click **Show Providers** to pull up the 1099 Provider Display window

Click **Exit** to exit the window.

Section 48: 1099 Provider Display Window

Introduction

The 1099 Provider Display window is used to identify the providers with the same tax ID reported during a specific calendar year.

Figure 48.1 – 1099 Provider Display Window

```
┌─────────────────────────────────────────────────────────────┐
│                   1099 Provider Display Menu                  │
│                                                               │
│     ┌─────────────────────────────────────────────────┐      │
│     │ File                    Applications             │      │
│     └─────────────────────────────────────────────────┘      │
│       New                     Ad hoc Reporting               │
│       Select                  Claims                         │
│       Print                   Financial                      │
│       Exit                    Managed Care                   │
│       Exit Indiana*AIM*       MARS                           │
│                               Prior Authorization            │
│                               Provider                       │
│                               Recipient                      │
│                               Reference                      │
│                               Security                       │
│                               SURS                           │
│                               Third Party Liability          │
└─────────────────────────────────────────────────────────────┘
```
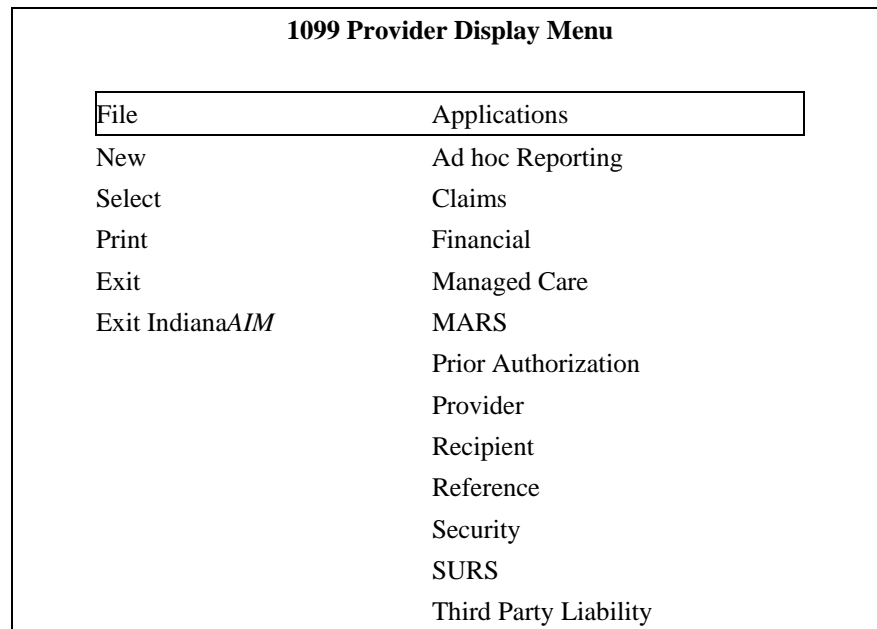
Figure 48.2 – 1099 Provider Display Menu Tree

This is the menu tree for the 1099 Provider Display window. This illustration shows the overall menu commands and window options on the 1099 Provider Display window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Select – Allows the user to select and view additional information for the line highlighted

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu.

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Tax ID

Description – Provider tax ID or SSN

Format – Nine numeric characters (999999999)

Features – None

Edit – None

To Correct – N/a

Field Name: Provider ID

Description – Number identifying the provider to whom the 1099 is being applied. The provider number shows by location code, all locations associated with a specific FEIN/SSN

Format – Nine numeric characters (999999999)

Features – None

Edit – None

To Correct – N/a

Field Name: Service Location

Description – Provider service location suffix

Format – One alphabetic character

Features – None

Edit – None

To Correct – N/a

Other Messages

Edit – None

To Correct – N/a

System Features

Click **Exit** to exit the window.

Section 49: Provider Tax Information Search Window

Introduction

The Provider Tax Information Search window is used to search by provider number to review the corresponding tax ID or by the tax ID to review the corresponding provider numbers.

Figure 49.1 – Provider Tax Information Search Window

Provider Tax Information Search Menu

File	Edit	Applications	Options
Search	Copy	Ad hoc Reporting	Withhold Percentage
New	Paste	Claims	
Select	Cut	Financial	
Exit		Managed Care	
Audit		MARS	
Exit Indiana*AIM*		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 49.2 – Provider Tax Information Search Menu Tree

This is the menu tree for the Provider Tax Information Search window. This illustration shows the overall menu commands and window options on the Provider Tax Information Search window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Search – Allows the user to search for the information entered

New – Opens the Provider Tax Information Maintenance window

Select − Allows the user to select and view additional information for the line highlighted

Exit − Returns to the previous window

Audit – Allows the user to access the Audit Trail window for this application

*Exit Indiana*AIM − Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste − Pastes cut or copied text from another area

Cut − Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting − Click to access the Ad hoc Reporting Menu.

Claims − Click to access the Claims Menu

Financial − Click to access the Financial Menu

Managed Care − Click to access the Managed Care Menu

MARS − Click to access the MARS Menu

Prior Authorization − Click to access the PA Menu

Provider − Click to access the Provider Menu

Recipient − Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

Withhold Percentage − Opens the Withhold Percentage window

Field Information

Field Name: Provider Number

Description – Unique number identifying the provider to whom the tax ID is associated

Format – Nine numeric characters (999999999)

Features – None

Edit – 5052, Provider ID not found!

To Correct – Verify entry; re-enter provider number

Edit – 91029, Provider Number must be numeric!

To Correct – Verify entry; enter a valid provider number

Edit – 91038, Provider Number must be 9 characters!

To Correct – Verify entry; enter a valid provider number

Field Name: Service Location

Description – Provider service location suffix

Format – One alphabetic character

Features – None

Edit – N/a

To Correct – N/a

Field Name: Tax ID

Description – Provider's tax ID or SSN

Format − Nine numeric characters (999999999)

Features – None

Edit – 91029, Tax ID must be numeric!

To Correct – Verify entry; enter a valid tax ID

Edit – 91038, Tax ID must be 9 characters!

To Correct – Verify entry; enter a valid tax ID

Field Name: Provider Number

Description – Unique number identifying the provider to whom the tax ID is associated

Format – Nine numeric characters (999999999)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Service Location

Description – Provider service location suffix

Format – One alphabetic character

Features – None

Edit – N/a

To Correct – N/a

Field Name: Tax ID

Description – Provider's tax ID or SSN

Format – Nine numeric characters (999999999)

Features – None

Edit – N/a

To Correct – N/a

Other Messages

Edit – 4161, Service Location is Required

To Correct – Enter a provider number/service location combination

Edit – 5005, Enter only one Search Selection!

To Correct – Enter only a provider number/service location or a tax ID

Edit – 80045, Provider Number or Tax ID must be entered!

To Correct – Enter either a provider number/service location or a tax ID

Edit – 91024, No Match Found!

To Correct – Verify entry; enter a valid provider number/service location or tax ID

Edit – 91133, Address Information does not exist for this record!

To Correct – Verify entry or add address

System Information

PBL – FINC01.PBL

Window – W_1099_SEARCH

Menu – M_1099_SEARCH

Data Windows – DW_1099_RESULTS_PROV

DW_1099_RESULTS_TAX

System Features

Click **Search** to retrieve the provider's tax information.

Click **New** to open the Provider Tax Information Maintenance window.

Click **Select** to select a highlighted row.

Click **Exit** to exit the window.

Section 50: Provider Tax Information Maintenance Window

Introduction

The Provider Tax Information Maintenance window is used to insert, modify, or delete provider tax information. This information is based on the IRS file, not EDS records. The information from the table updated by this window is used for the 1099 process.

Figure 50.1 – Provider Tax Information Maintenance Window

```
┌─────────────────────────────────────────────────────────────────────┐
│                                                                       │
│              Provider Tax Information Maintenance Menu                │
│                                                                       │
│   ┌───────────────────────────────────────────────────────────┐     │
│   │ File                    Edit              Applications      │     │
│   └───────────────────────────────────────────────────────────┘     │
│     Withhold               Copy              Ad hoc Reporting         │
│     New                    Paste             Claims                   │
│     Save                   Cut               Financial                │
│      Delete                                  Managed Care             │
│     Print Exit                               MARS                     │
│     Exit Audit                               Prior Authorization      │
│     Audit Exit Indiana*AIM*                  Provider                 │
│     Exit Indiana*AIM*                        Recipient                │
│                                              Reference                │
│                                              Security                 │
│                                              SURS                     │
│                                              Third Party Liability    │
│                                                                       │
└─────────────────────────────────────────────────────────────────────┘
```

Figure 50.2 – Provider Tax Information Maintenance Menu Tree

This is the menu tree for the Provider Tax Information Maintenance window. This illustration shows the overall menu commands and window options on the Provider Tax Information Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Withhold – Opens the Backup Withholding Maintenance window

New – Clears the screen allowing new data to be entered

Save – Saves the current entry

Delete –Deletes the Provider tax information

Print – Prints the data window

Exit – Returns to the previous window

Audit – Allows the user to access the Audit Trail window for this application

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM:*

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Last, First, MI

Description – Provider name if the provider is an individual

Format – 39 alphanumeric characters (25 alphanumeric characters for last name, 13 alphanumeric characters for the first name, and one alphanumeric character for middle initial)

Features – None

Edit – 91037, Last name field is required!

To Correct – Verify typing; entry is required when the cursor is placed in the **Last, First, MI** field

Edit – 91037, First name field is required!

To Correct – Verify typing; entry is required when the cursor is placed in the **Last, First, MI** field

Field Name: Business Name

Description – Provider name if provider is a corporation (user enters the name of the business)

Format – 39 alphanumeric characters

Features – None

Edit – N/a

To Correct – N/a

Field Name: Address 1

Description – Provider's primary address

Format – 32 alphanumeric characters

Features – None

Edit – 5001, Address info must be present!

To Correct – Verify typing, entry is required for this field

Field Name: Address 2

Description – Provider's second address line

Format – 32 alphanumeric characters

Features – None

Edit – N/a

To Correct – N/a

Field Name: City

Description – Provider's city

Format – 15 alphanumeric characters

Features – None

Edit – 5035, City is invalid!

To Correct – Verify typing, entry is required for this field

Field Name: State

Description – Provider's state

Table 50.1 – State Abbreviations

State	State	State
AK	AL	AR
AZ	CA	CO
CT	DC	DE
FL	GA	HI
IA	ID	IL
IN	KS	KY
LA	MA	ME
MD	MI	MN
MO	MS	MT
NC	ND	NE
NH	NJ	NM
NY	OH	OK
OR	PA	RI
SC	SD	TN
TX	UT	VA
VT	WA	WI
WV	WY	

Format – Two alphanumeric characters

Features – None

Edit – 9023, State is Required!

To Correct – Verify typing; entry is required for this field

Edit – 91036, Invalid State code!

To Correct – Verify typing, entered data must be one of the valid values for this field

Field Name: Zip

Description – Provider's ZIP code

Format – Nine numeric characters

Features – None

Edit – 91029, Zip code must be numeric!

To Correct – Verify typing; enter a valid ZIP code

Edit – 91029, Zip code suffix must be numeric!

To Correct – Verify entry, entry must be numeric characters

Edit – 91059, Zip code must be 5 characters!

To Correct – Verify typing; enter a valid ZIP code

Field Name: Phone

Description – Provider's phone number

Format – 10 numeric characters

Features – None

Edit – 91029, Phone number must be numeric!

To Correct – Verify entry; entry is required for this field

Edit – 91061, Phone number must be 10 digits!

To Correct – Verify entry; phone number must contain numeric characters

Field Name: Ext

Description – Provider's phone number extension

Format – Four numeric characters

Features – None

Edit – 91029, Phone extension must be numeric!

To Correct – Verify entry; extension must contain numeric characters

Field Name: Tax ID

Description – Provider's tax ID or SSN

Format – Nine numeric characters

Features – None

Edit – 10002, Tax ID is required! Please enter a value!

To Correct – Verify entry; entry is required for this field

Edit – 91029, Tax ID must be numeric!

To Correct – Verify entry; field must contain numeric characters

Edit – 91038, Tax ID must be 9 characters!

To Correct – Verify entry; field must be nine characters long

Edit – 91052, Tax ID is invalid!

To Correct – Verify entry, enter a valid tax ID

Field Name: Tax ID Type

Description – Type or IRS identifier used with value values to include:

• FEIN

• SSN

Format – N/a

Features – Drop-down list box defaults to **SSN** if nothing is chosen

Edit – N/a

To Correct – N/a

Field Name: Tax ID Exempt

Description – Provider's tax-exempt status. Valid values include:

• Yes

• No

Format – N/a

Features – Drop-down list box defaults to **No** if nothing is chosen

Edit – N/a

To Correct – N/a

Field Name: Date Effective

Description – Beginning date the tax ID is effective

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 8033, Effective Date is Required!

To Correct – Verify entry, entry is required for this field

Edit – 91002, Date must be numeric!

To Correct – Verify entry, enter a valid effective date

Field Name: Date End

Description – Ending date of the tax ID

Format – Eight numeric characters

Features – None

Edit – 91002, Date must be numeric!

To Correct – Verify entry, enter a valid date

Edit – 91003, Date End is Required!

To Correct – Verify entry, entry is required for this field

Edit – 91020, End Date must be >= Effective Date

To Correct – Verify entry, end date must be less than the date effective

Field Name: W9 Form

Description – Identifies if the *W-9* form was received from the provider. Valid values include the following:

• No

• Yes

Format – N/a

Features – Drop-down list box defaults to **No** if nothing is chosen

Edit – N/a

To Correct – N/a

Field Name: 147-C Form

Description – Identifies if the *147-C* form was received from the provider. Valid values include the following:

• No

• Yes

Format – N/a

Features – Drop-down list box defaults to **No** if nothing is chosen

Edit – N/a

To Correct – N/a

Other Messages

Edit – 80045, Address Information must be entered!

To Correct – Enter the address information corresponding to the tax ID

System Information

PBL – FINC01.PBL

Window – W_1099_MAINT

Menu – M_PR_1099_MAINT

Data Windows – DW_1099_ADDRESS
              DW_1099_TAX_INFO

System Features

Click **Withhold** to open the Backup Withholding Maintenance window.

Click **New** to clear the screen for entry of new tax information.

Click **Save** to save the current entry.

Click **Delete** to delete an entry.

Click **Exit** to exit the window.

Section 51: Bank Information Menu

Introduction

The Bank Information Menu window is accessed from the Financial Menu window by selecting Bank Information. This window allows the user to either enter/view daily wire transfers performed for Medicaid or review/print bank reconciliation reports.

Figure 51.1 – Bank Information Window

```
                        Bank Information Menu

    ┌──────────────────────────────────────────────────────────┐
    │ File                Applications           Options         │
    └──────────────────────────────────────────────────────────┘
      Exit                Ad hoc Reporting       Daily Wire Transfer
      Exit IndianaAIM     Claims                 Bank Recon Reports
                          Financial
                          Managed Care
                          MARS
                          Prior Authorization
                          Provider
                          Recipient
                          Reference
                          Security
                          SURS
                          Third Party Liability
```

Figure 51.2 – Bank Information Tree

This is the menu tree for the Bank Information Menu. All menus are in single-line boxes. This illustration shows the overall menu commands and window options in the Bank Information Menu system.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Exit – Returns to the Main Menu

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Options

This menu accesses the following areas in Indiana*AIM*.

Daily Wire Transfer – Click to access the window to generate a daily wire transfer.

Bank Recon Reports – Click to access the window to generate the bank recon reports.

System Information

PBL – FINC03.PBL

Window – W_BANK_ROUTE

Menu – M_BANK_MENU

Data Window – None

System Features

Click **Daily Wire Transfer** to access the Medicaid Wire Transfer List window.

Click **Bank Recon Reports** to access the Bank Reconciliation Date Setup window.

Click **Exit** to exit and access to the Financial Menu.

Section 52: Bank Reconciliation Date Setup

Introduction

The Bank Reconciliation Date Setup is accessed from the Bank Information Menu window. This window allows the user to select the reconciliation time period to review by choosing the month and year. The user can obtain a month's entire history by selecting the Summary button or the user can specify wire transfer history (State Deposits) and/or cash receipt history (Cash Deposits).

Figure 52.1 – Bank Reconciliation Date Setup Window

Bank Reconciliation Date Setup	
File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 52.2 – Bank Reconciliation Date Setup Menu Tree

This is the menu tree for the Bank Reconciliation Date Setup window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Date Setup window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Month

Description – Lists the twelve calendar months.

Format – Predetermined month's listed in dropdown menu.

Features –Drop-down box

Edit – None

To Correct – N/a

Field Name: Year

Description – Lists years 2000 and 2008.

Format – Predetermined and already listed in dropdown menu

Features – Drop-down box

Edit – None

To Correct – N/a

Field Name: Start Date

Description – Beginning date of reconciling period based on month and year selected.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: End Date

Description – End date of reconciliation period based on month and year selected.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DATE

Menu – M_BASE_LIST_RETRIEVE

Data Windows – None

System Features

Click **Summary** to access the Bank Reconciliation General Ledger.

Click **State Deposits** to access the Bank Reconciliation Summary State Wire Deposit Log.

Click **Cash Deposits** to access Bank Reconciliation Summary Cash Deposit Log.

Click **Exit** to exit the window to access the Bank Information Menu.

Section 53: Daily Medicaid Wire Transfer Maintenance

Introduction

The Daily Medicaid Wire Transfer Maintenance window is used to track the amount of monies wired from the State of Indiana to the IHCP bank account at Fifth Third Bank on a daily basis. A controlled disbursement account (CDA) is maintained so that the State of Indiana only disperses monies for checks that are presented for payment. This window details the total checks presented at the Federal Reserve, EFT disbursements, deposits received, returned deposits, as well as, any positive/negative adjustments to the account. The comment window is utilized to enter reasons for the positive and negative adjustments.

Figure 53.1 – Daily Medicaid Wire Transfer Maintenance Window

<table>
<tr><td colspan="3" align="center">Daily Medicaid Wire Transfer Maintenance</td></tr>
</table>

File	Edit	Applications
New	Copy	Ad hoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit Indiana*AIM*		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 53.2 – Daily Medicaid Wire Transfer Maintenance Menu Tree

This is the menu tree for the Daily Medicaid Wire Transfer Maintenance window. This illustration shows the overall menu commands and window options on the Daily Medicaid Wire Transfer Maintenance window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

New – Opens the Daily Medicaid Wire Transfer Maintenance window

Save – Saves the wire transfer information

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

Audit –Displays the audit trail for wire transfers

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes cut or copied text from another area

Cut – Deletes text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the Third Party Liability Menu

Field Information

Field Name: Transfer Date

Description – Wire transfer date from State of Indiana bank account to IHCP bank account

Format – 8 numeric characters (CCYYMMDD)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Total checks presented per Federal Reserve

Description – Check presentments at Federal Reserve for transfer date

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Total Medicaid EFT amount

Description – EFT issuances presented at Federal Reserve for transfer date

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Less EDS lockbox deposit

Description – Lockbox deposits for provider refunds managed by EDS

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Less HCE cash receipts wire

Description – Wire transfer from Health Care Excel (HCE) for SUR collections

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Less HMS lockbox deposit

Description – Lockbox deposits for third party liability (TPL) collections managed by HMS

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Less Drug Rebate wire

Description – Drug rebate collections/deposits received by ACS wired to IHCP account

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Plus Checks returned NSF

Description – Checks deposited from providers, pharmacies, or insurance carriers that are returned due to non-sufficient funds. Monies previously credited to IHCP account.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a.

To Correct – N/a

Field Name: Plus Positive Adjustments

Description – Miscellaneous adjustment to IHCP account including, but not limited to, current 2+ day float and rounding errors

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Less Negative Adjustments

Description – Miscellaneous adjustment to IHCP account including, but not limited to, prior 2+ day float, failed EFTs, and additional wire transfers from Myers & Stauffer and/or ACS Pharmacy collections

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – N/a

To Correct – N/a

Field Name: Adjustment Reason

Description – Comments field to describe positive and negative adjustment figures.

Format – Alphanumeric

Features – None

Edit – N/a

To Correct – N/a

Field Name: Net Wire Transfer Requested

Description – Total monies wired from State of Indiana bank account to IHCP account

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – System generated

Edit – N/a

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_DAILY_FUND_MAINT

Menu – M_BASE_MAINT

Data Windows – None

System Features

Click **New** to clear the screen and enter a new Medicaid wire transfer. Current entry must be saved before a new entry can be typed.

Click **Save** to save the information typed.

Click **Exit** to exit the window to access the Medicaid Wire Transfer List.

Section 54: Bank Reconciliation General Ledger Window

Introduction

The Bank Reconciliation General Ledger window displays a summary monthly activity report for deposits check issuances, and void/stop payments. The financial transactions displayed on the Bank Reconciliation General Ledger relate to refund checks sent to IHCP (deposits) and to claim payment set to providers (check issuances, void/stop payments).

Figure 54.1 – Bank Reconciliation General Ledger Window

Figure 54.2 – Bank Reconciliation General Ledger Window

Figure 54.3 – Bank Reconciliation General Ledger Window

Bank Reconciliation General Ledger Menu			
File	**Applications**		**Details**
Print	Ad hoc Reporting	Deposits	
Exit	Claims		Medicaid Program Funding
Exit	Financial		Cash Receipt Deposits
Indiana*AIM*			
	Managed Care	System Checks	
	MARS		System Reissues
	Prior Authorization		System Checks
	Provider	Manual Checks	
	Recipient		Manual Reissues
	Reference		Provider Advances
	Security		Other Expenditures
	SURS	EFTs	
	Third Party Liability	Void / Stoppays	
			Checks Voided with Reissue
			Checks Voided without Reissue
			Checks Stopped
			EFTs Voided with Reissue
			EFTs Voided without Reissue
		Miscellaneous	
			Outstanding Checks
			Outstanding EFTs
			Encoding Errors
			Bank Paid / No Issue
			(Timing) Void in period / Reissue Not
			(Timing) Reissue in period / Void Not

Figure 54.4 – Bank Reconciliation General Ledger Menu Tree

This is an illustration of a menu tree for the Bank Reconciliation General Ledger Window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options on the Bank Reconciliation General Ledger window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Menu Selection: Detail

This menu selection accesses the following areas in Indiana*AIM*.

Deposits – Displays a drop-down list box for Deposits. The drop-down list box allows the user to select one of the following options:
- Medicaid Program Funding
- Cash Receipt Deposits

System Checks – Displays a drop-down list box for System Checks. The drop-down list box allows the user to select one of the following options:
- System Reissues
- System Checks

Manual Checks – Displays a drop-down list box for Manual Checks. The drop-down list box allows the user to select one of the following options:

- Manual Reissues

- Provider Advances

- Other Expenditures

*EFTs –:*This option generates the Bank Reconciliation EFT Detail window to view the EFT details.

Void / Stoppays – Displays a drop-down list box for Void / Stoppays. The drop-down list box allows the user to select one of the following options:

- Checks Voided with Reissue

- Checks Voided without Reissue

- Checks Stopped

- EFTs Voided with Reissue

- EFTs Voided without Reissue

Miscellaneous – Displays a drop-down list box for Miscellaneous. The drop-down list box alls the user to select one of the following options:

- Outstanding Checks

- Outstanding EFTs

- Encoding Errors

- Bank Paid / No Issue

- (Timing) Void in period / Reissue Not

- (Timing) Reissue in period / Void Not

Field Information

Field Name: Deposits

Field Name: Medicaid Program Funding Wire

Description – Monthly total of wire transfers from the State of Indiana to the IHCP bank account

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

*Features –*None

Edit – None

To Correct – N/a

Field Name: Cash Receipt Deposits

Description – Monthly total of refund checks returned from providers due to audits, accounts receivables, duplicate payments, etc.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Deposits

Description – Summation of Medicaid Program Funding Wires and Cash Receipt Deposits

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Check / EFT Information

Field Name: Manual Checks Issued

Field Name: Reissues (for Check or Failed EFTs)

Description – Monthly total of manual checks processed to replace mutilated system-generated checks or failed EFTs

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Provider Advances

Description – Monthly total of manual checks issued to providers as advanced payment for Medicaid claims

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Other Expenditures

Description – Monthly total of manual checks generated to payout monies that are non-claim specific

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Manual Checks

Description – Summation of Reissues, Provider Advances, and Other Expenditures

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: System Checks Issued

Field Name: Weekly Check Issues

Description – Monthly total of system-generated checks issued to providers for payment

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Reissues (for Check or Failed EFTs)

Description – Monthly total of system-generated checks processed to replace mutilated system-generated checks or failed EFTs

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total System Checks

Description – Summation of Weekly Check Issues and Reissues

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Cross Check Information

Field Name: Total Manual Checks

Description – Independent query to validate information in left-hand column is accurate. Dollar figures must match for reports to balance.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total System Checks

Description – Independent query to validate information in left-hand column is accurate. Dollar figures must match for reports to balance.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total System and Manual Checks

Description – Summation of Total Manual Checks and Total System Checks

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: EFTs Issued

Field Name: Weekly EFT Issues

Description – Monthly total of electronic fund transfers (EFTs) issued to providers for payment

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Void / Stoppays

Field Name: Checks Voided with Reissue

Description – Monthly total of system/manual checks voided due to misprint and reissued with a new check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Checks Voided without Reissue

Description – Monthly total of checks that are stale dated or returned from providers due to incorrect payment. These checks are voided in AIM and not reissued.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Checks Stopped (all Reissue)

Description – Monthly total of checks that are stopped at the bank and reissued to provider due to original check not being received by provider.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: EFTs Voided with Reissue

Description – Monthly total of EFTs that were unable to be deposited due to incorrect bank information supplied by provider. These EFTs are reissued with system or manual checks.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: EFTs Voided without Reissue

Description – Monthly total of EFTs that are unable to be deposited due to incorrect bank information supplied by provider. These monies have not been reissued.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Void / Stoppay

Description – Summation of Checks Voided with Reissue, Checks Voided without Reissue, Checks Stopped, EFTs Voided with Reissue, and EFTs Voided without Reissue

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Monthly Total

Description – Summation of Total Deposits, Total System and Manual Checks, Weekly EFT Issues, and Total Void/Stoppay

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Miscellaneous

Field Name: Outstanding Checks (after 1/1/2004)

Description – Total dollars of outstanding checks issued to providers

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Outstanding EFTs (after 1/1/2004)

Description – Total dollars of EFTs unposted to provider bank accounts

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Cross Check Information

Field Name: Total Void / Stoppay

Description – Independent query to validate information in left-hand column is accurate. Dollar figures must match for reports to balance

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Encoding Errors for this period

Description – Monthly total of provider check issuances that were posted incorrectly at the bank at the time of payment

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Bank Paid / No Issue

Description – Monthly total of checks that were received at the IHCP bank account that did not have a check issuance to validate payment

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: (Timing) Void in period / Reissue not

Description – Total dollars of checks voided in the current reconciling period but reissued in the next reconciling period

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: (Timing) Reissue in period / Void not

Description – Total dollars of checks reissued in the current reconciling period but voided in the prior reconciling period

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_GENERAL_LEDGER

Menu – M_BANK_RECON_GENERAL_LEDGER

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation Setup Window.

Section 55: Bank Reconciliation Summary State Wire Deposit Log

Introduction

The Bank Reconciliation Summary State Wire Deposit Log window lists each wire transfer from the State of Indiana to the IHCP bank account by date.

Figure 55.1 – Bank Reconciliation Summary State Wire Deposit Log Window

Bank Reconciliation Summary State Wire Deposit Log	
File	**Applications**
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 55.2 – Bank Reconciliation Summary State Wire Deposit Log Menu Tree

This is the menu tree for the Bank Reconciliation Summary State Wire Deposit Log window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Summary State Wire Deposit Log window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: *Transfer Date*

Description – The date the wire transfer is initiated from the State of Indiana bank account to the IHCP bank account

Format – Eight numeric characters (CCYYMMDD)

Features –None

Edit – None

To Correct – N/a

Field Name: Net Wire Transfer Request

Description – Total dollars wired for a particular transfer date

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_STATE_FUND_DEPOSIT

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Detail** to exit the window and access the Daily Medicaid Wire Transfer Maintenance window.

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation Date Setup window.

Section 56: Bank Reconciliation Summary Cash Deposit Log

Introduction

The Bank Reconciliation Summary Cash Deposit Log window displays the total number of checks and dollar amounts refunded to IHCP program by batch number for the month.

Figure 56.1 – Bank Reconciliation Summary Cash Deposit Log Window

Bank Reconciliation Summary Cash Deposit Log

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 56.2 – Bank Reconciliation Summary Cash Deposit Log Menu Tree

This is the menu tree for the Bank Reconciliation Summary Cash Deposit Log window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Summary Cash Deposit Log window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Batch Number

Description – A unique number assigned in the cash control number (CCN) to identify type of refund

Format – Three numeric characters (999)

Features –None

Edit – None

To Correct – N/a

Field Name: Number of Checks

Description – Total number of checks received for the month for each batch number

Format – Maximum nine numeric characters (999,999,999)

Features – None

Edit – None

To Correct – N/a

Field Name: Amount Deposited

Description – Total dollars received for the month for each batch number

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_CASH_DEPOSIT

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Detail** to exit the window and access the Bank Reconciliation Detail Cash Deposit window.

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation Date Setup window.

Section 57: Bank Reconciliation Detail Cash Deposit Log

Introduction

The Bank Reconciliation Detail Cash Deposit Log window displays the monthly totals of refund checks returned to IHCP. Each cash control number (CCN) contains a unique batch number that corresponds to the type of refund. The Bank Reconciliation Detail Cash Deposit Log details the monthly activity for one batch number at a time.

Figure 57.1 – Bank Reconciliation Detail Cash Deposit Log Window

Bank Reconciliation Detail Cash Deposit Log

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 57.2 – Bank Reconciliation Detail Cash Deposit Log Menu Tree

This is the menu tree for the Bank Reconciliation Detail Cash Deposit Log window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Detail Cash Deposit Log window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: CCN

Description – Cash control number (CCN) is a unique number assigned by EDS to track cash receipt entry and disposition in AIM.

Format – Year/Julian Date/Batch Number/Sequence Number (YYJJJBBBSSS)

Features –None

Edit – None

To Correct – N/a

Field Name: CCN Name

Description – Name of the provider/entity remitting payment to IHCP

Format – Thirty nine alphanumeric characters

Features – None

Edit – None

To Correct – N/a

Field Name: CCN Amount

Description – Total dollar amount listed on check received

Format – Maximum 12 numeric characters ($9,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Check Number

Description – Check number from the refund check mailed by the provider

Format – 9 alphanumeric characters (99999999A)

Features – None

Edit – None

To Correct – N/a

Field Name: Check Date

Description – Date the provider wrote the check to refund the IHCP. Information located on provider refund check.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Total for Batch Number (XXX)

Description – Lists the batch number being summed

Format – Maximum 12 numeric characters ($9,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total # of Checks

Description – Total number of checks received for month for a particular batch number

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_CASH_DEPOSIT_DETAIL

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation Summary Cash Deposit Log window.

Section 58: Bank Reconciliation Encoding Error Detail

Introduction

The Bank Reconciliation Encoding Error Detail window lists provider check issuances that were posted incorrectly at the bank at the time of payment.

Figure 58.1 – Bank Reconciliation Encoding Error Detail Window

Bank Reconciliation Encoding Error Detail	
File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability \

Figure 58.2 – Bank Reconciliation Encoding Error Detail Menu Tree

This is the menu tree for the Bank Reconciliation Encoding Error Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Encoding Error Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Check Number

Description – Check number of the incorrectly posted payment to provider.

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: EDS Check Amount

Description – Indiana*AIM* dollar amount associated with check number.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Bank Check Amount

Description – Dollar amount bank posted for the check number.

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Difference Amount

Description – Difference between the EDS check amount and bank check amount

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_ENCODING_ERROR

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 59: Bank Reconciliation Bank Paid with No Issue

Introduction

The Bank Reconciliation Bank Paid with No Issue window displays checks that were received at the IHCP bank account that did not have a check issuance listed to validate payment.

Figure 59.1 – Bank Reconciliation Bank Paid with No Issue Window

Bank Reconciliation Bank Paid with No Issue

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 59.2 – Bank Reconciliation Bank Paid with No Issue Menu Tree

This is the menu tree for the Bank Reconciliation Bank Paid with No Issue window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Bank Paid with No Issue window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Check Number

Description – Check number processed by IHCP bank account

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Bank Check Amount

Description – Dollar amount of check processed

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Bank Cleared Date

Description – Date the check posted to the IHCP account

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_BANK_PAID

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 60: Bank Reconciliation Void within Period/Reissue Not Detail

Introduction

The Bank Reconciliation Void within Period/Reissue Not Detail window displays total dollars of checks voided in current reconciling period but reissued in the next reconciling period.

Bank Reconciliation Void within Period / Reissue Not Detail					
File Applications					

REPORT: BNK-0102-M   **IndianaAim**   Date: 2004/05/21
PROCESS: Bank Reconciliation Void within Period / Reissue Not Detail
LOCATION: Reporting Period: 2004/03/27   Thru 2004/04/23
                                 Julian Reporting Period: 04/087   Thru 04/114

Void Check Number	Void Date	Voided Check Amount	Reissue Check Number	Reissue Date	Reissue Check Amount
006595517	2004/04/23	$415.20	006595517	2004/02/24	415.20
006602414	2004/04/07	$947.10	006602414	2004/03/02	947.10
006609262	2004/04/23	$339.96	006609262	2004/03/16	339.96
006609471	2004/04/15	$1,586.96	006609471	2004/03/16	1,586.96
006614880	2004/04/15	$2,825.33	006614880	2004/03/23	2,825.33

Total Void Timing Adjustment: 25,321.65

Page 2 of 2

Print   Exit

Figure 60.1 – Bank Reconciliation Void within Period/Reissue Not Detail Window

Bank Reconciliation Void within Period / Reissue Not Detail

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 60.2 – Bank Reconciliation Void within Period/Reissue Not Detail Menu Tree

This is the menu tree for the Bank Reconciliation Void within Period / Reissue Not Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Void within Period / Reissue Not Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Void Check Number

Description – Check number that was voided and reissued to provider.

Format – 9 alphanumeric characters (99999999A)

Features – None

Edit – None

To Correct – N/a

Field Name: Void Date

Description – Date check was voided in AIM.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided Check Amount

Description – Dollar amount of voided check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Reissue Check Number

Description – Check number issued to replace voided check

Format – 9 alphanumeric characters (99999999A)

Features – None

Edit – None

To Correct – N/a

Field Name: Reissue Date

Description – Issue date of reissued check

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Reissue Check Amount

Description – Dollar amount of reissued check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Void Timing Adjustment

Description – Summation of all voided check amounts

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_VOID_ADJ

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 61: Bank Reconciliation Reissue within Period/Void Not Detail

Introduction

The Bank Reconciliation Reissue within Period/Void Not Detail window displays total dollars of checks reissued in the current reconciling period but voided at a prior reconciling period.

Figure 61.1 – Bank Reconciliation Reissue within Period/Void Not Detail Window

Bank Reconciliation Reissue within Period / Void Not Detail

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 61.2 – Bank Reconciliation Reissue within Period/Void Not Detail Menu Tree

This is the menu tree for the Bank Reconciliation Reissue within Period / Void Not Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Reissue within Period / Void Not Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Reissue Check Number

Description – Check number issued to replace voided check

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Reissue Date

Description – Issue date of reissued check

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Reissue Check Amount

Description – Dollar amount of reissued check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Void Check Number

Description – Check number that was voided and reissued to the provider.

Format – 9 alphanumeric characters (99999999A)

Features – None

Edit – None

To Correct – N/a

Field Name: Void Date

Description – Date check was voided in AIM.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided Check Amount

Description – Dollar amount of voided check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Reissue Timing Adjustment

Description – Summation of all reissued check amounts

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_REISSUE_ADJ

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 62: Bank Reconciliation Outstanding Check Detail

Introduction

The Bank Reconciliation Outstanding Checks Detail window lists all checks that have not been cashed by providers.

Figure 62.1 – Bank Reconciliation Outstanding Check Detail Window

Bank Reconciliation Outstanding Check Detail	
File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability \

Figure 62.2 – Bank Reconciliation Outstanding Check Detail Menu Tree

This is the menu tree for the Bank Reconciliation Outstanding Check Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Outstanding Check Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Check Number

Description – Check number associated with payments to providers

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Date Issued

Description – Date the check was written

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Check Amount

Description – Total dollar amount for each check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct –N/a

Field Name: Outstanding Check Total

Description – Summation of all check amounts

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: # of Outstanding Checks

Description – Count of all outstanding checks

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_OUTSTANDING_CHECK

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 63: Bank Reconciliation Outstanding EFT Detail

Introduction

The Bank Reconciliation Outstanding EFT Detail window lists all EFTs that have not been deposited to the providers' bank accounts.

Figure 63.1 – Bank Reconciliation Outstanding EFT Detail Window

<table>
<tr><td colspan="2" align="center">Bank Reconciliation Outstanding EFT Detail</td></tr>
<tr><td>File</td><td>Applications</td></tr>
<tr><td>Print</td><td>Ad hoc Reporting</td></tr>
<tr><td>Exit</td><td>Claims</td></tr>
<tr><td>Exit Indiana<i>AIM</i></td><td>Financial</td></tr>
<tr><td></td><td>Managed Care</td></tr>
<tr><td></td><td>MARS</td></tr>
<tr><td></td><td>Phone Tracking</td></tr>
<tr><td></td><td>Provider</td></tr>
<tr><td></td><td>Recipient</td></tr>
<tr><td></td><td>Reference</td></tr>
<tr><td></td><td>Security</td></tr>
<tr><td></td><td>SURS</td></tr>
<tr><td></td><td>Third Party Liability   \</td></tr>
</table>

Figure 63.2 – Bank Reconciliation Outstanding EFT Detail Menu Tree

This is the menu tree for the Bank Reconciliation Outstanding EFT Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Outstanding EFT window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

 1. Click on the command or window option title.

 2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: EFT Number

Description – System assigned number generated during the weekly financial cycle for payments to providers who receive EFT deposits

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Date Issued

Description – Effective date of EFT

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: EFT Amount

Description – Total dollars issued for each EFT number

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Outstanding EFT Total

Description – Summation of all EFT amounts

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: # of Outstanding EFTs

Description – Count of EFT numbers

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_OUTSTANDING_EFT

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 64: Bank Reconciliation Checks Voided with Reissues Detail

Introduction

The Bank Reconciliation Checks Voided with Reissues Detail window displays the detail for the reconciling period of system/manual checks voided due to misprint and reissued with a new check.

Figure 64.1 – Bank Reconciliation Checks Voided with Reissues Detail Window

Bank Reconciliation Checks Voided with Reissues Detail

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 64.2 – Bank Reconciliation Checks Voided with Reissues Detail Menu Tree

This is the menu tree for the Bank Reconciliation Checks Voided with Reissues Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Checks Voided with Reissues Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Voided Check Number

Description – Check number of the system/manual check that was mutilated and reissued.

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Void Date

Description – Date mutilated check was voided in AIM

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided Check Issue Date

Description – Original issue date of mutilated check

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided Check Amount

Description – Total dollar amount of voided check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Summation of voided check amount

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Check Count

Description – Count of total voided/reissued checks for month

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_CHK_VOID_REISSUE

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 65: Bank Reconciliation Checks Voided with No Reissue Detail

Introduction

The Bank Reconciliation Checks Voided with No Reissue Detail window displays checks that are voided due to being stale-dated or returned from the provider due to incorrect payment for a selected period. These checks are not reissued within Indiana*AIM*.

Figure 65.1 – Bank Reconciliation Checks Voided with No Reissue Detail Window

Bank Reconciliation Checks Voided with No Reissue Detail

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 65.2 – Bank Reconciliation Checks Voided with No Reissue Detail Menu Tree

This is the menu tree for the Bank Reconciliation Checks Voided with No Reissue Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Checks Voided with No Reissue Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Voided Check Number

Description – System or manual check number voided in Indiana*AIM*

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Void Date

Description – Date check voided in Indiana*AIM*

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided Check Issue Date

Description – Issue date of voided check

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided Check Amount

Description – Dollar amount of voided check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Summation of voided check amount

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Check Count

Description – Count of voided check numbers

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_CHK_VOID_NOREISSUE

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 66: Bank Reconciliation Checks Stopped Detail

Introduction

The Bank Reconciliation Checks Stopped Detail window displays checks that are stopped at the IHCP bank account and reissued to provider due to original check not being received by provider for selected reporting period.

Figure 66.1 – Bank Reconciliation Checks Stopped Detail Window

Bank Reconciliation Checks Stopped Detail	
File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 66.2 – Bank Reconciliation Checks Stopped Detail Menu Tree

This is the menu tree for the Bank Reconciliation Checks Stopped Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Checks Stopped Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Stopped Check Number

Description – Check number stopped and reissued in Indiana*AIM* to provider

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Stop Date

Description – Date check was stopped in Indiana*AIM*

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Stopped Check Issue Date

Description – Issue date of stopped check number

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Stopped Check Amount

Description – Dollar amount of stopped check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Summation of stopped check amount

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct N/a–

Field Name: Total Stoppays

Description – Count of Stopped Check Numbers

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_CHK_STOP

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 67: Bank Reconciliation EFTs Voided with Reissues Detail

Introduction

The Bank Reconciliation EFTs Voided with Reissues Detail window displays EFTs that were unable to be deposited due to incorrect bank account information. These failed EFTs are reissued with a system or manual check. This report is viewable for a selected reporting period.

Figure 67.1 – Bank Reconciliation EFTs Voided with Reissues Detail Window

Bank Reconciliation EFTs Voided with Reissues Detail

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 67.2 – Bank Reconciliation EFTs Voided with Reissues Detail Menu Tree

This is the menu tree for the Bank Reconciliation EFTs Voided with Reissues Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation EFTs Voided with Reissues Detail Setup window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Voided EFT Number

Description – EFT system assigned number voided

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Void EFT

Description – Date EFT was voided in Indiana*AIM*

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided EFT Issue Date

Description – Original effective date of EFT

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided EFT Amount

Description – Total dollar amount of original EFT payment

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Summation of Voided EFT Amounts

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total EFT Count

Description – Count of Voided EFT Numbers

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_EFT_VOID_REISSUE

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 68: Bank Reconciliation EFTs Voided with No Reissues Detail

Introduction

The Bank Reconciliation EFTs Voided with No Reissues Detail window displays EFTs that were unable to be deposited due to incorrect bank account information so monies could not be reissued. This report is viewable for a selected reporting period. **Note: No dollars should ever appear on this report. All failed EFTs should be reissued.**

Figure 68.1 – Bank Reconciliation EFTs Voided with No Reissues Detail Window

Bank Reconciliation EFTs Voided with No Reissues Detail

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Phone Tracking
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 68.2 – Bank Reconciliation EFTs Voided with No Reissues Detail Menu Tree

This is the menu tree for the Bank Reconciliation EFTs Voided with No Reissues Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation EFTs Voided with No Reissues Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Voided EFT Number

Description – EFT system assigned number voided

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Void EFT

Description – Date EFT was voided in Indiana*AIM*

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided EFT Issue Date

Description – Original effective date of EFT

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Voided EFT Amount

Description – Total dollar amount of original EFT payment

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_EFT_VOID_NOREISSUE

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 69: Bank Reconciliation Manual Check Reissues Detail

Introduction

The Bank Reconciliation Manual Check Reissues Detail window displays manual checks processed to replace mutilated system-generated checks or failed EFTs for a selected reporting period.

Figure 69.1 – Bank Reconciliation Manual Check Reissues Detail Window

Bank Reconciliation Manual Check Reissues Detail	
File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 69.2 – Bank Reconciliation Manual Check Reissues Detail Menu Tree

This is the menu tree for the Bank Reconciliation Manual Check Reissues Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Check Reissues Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Manual Check Number

Description – Check number assigned by accounting assistant in Finance Unit when processing reissued check.

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Manual Check Issue Date

Description – Date check is printed in Finance Unit

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Manual Check Amount

Description – Total dollar amount of manual check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_MAN_CHK_REISSUE

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 70: Bank Reconciliation Manual Check Provider Advances Detail

Introduction

The Bank Reconciliation Manual Check Provider Advances Detail window displays manual checks issued to providers as advanced payments for Medicaid claims for a selected reporting period. **Note: This feature/action is no longer utilized for IHCP; therefore, there should always be zero dollars represented in this report.**

Figure 70.1 – Bank Reconciliation Manual Check Provider Advances Detail Window

Bank Reconciliation Manual Check Provider Advances Detail	
File	**Applications**
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 70.2 – Bank Reconciliation Manual Check Provider Advances Detail Menu Tree

This is the menu tree for the Bank Reconciliation Manual Check Provider Advances Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Manual Check Provider Advances Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Manual Check Number

Description – Check number assigned by accounting assistant in Finance Unit when generating payment.

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: Manual Check Issue Date

Description – Date check is printed in Finance Unit

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Manual Check Amount

Description – Total dollar amount of monies issued to provider as a provider advance

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Expenditure Number

Description – System-assigned number for non-claim specific payouts.

Format – Nine numeric characters (999999999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_MAN_CHK_PROV_ADV

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to Bank Reconciliation General Ledger window.

Section 71: Bank Reconciliation Manual Check Other Expenditures Detail

Introduction

The Bank Reconciliation Manual Check Other Expenditures Detail window displays manual checks generated to payout non-claim specific dollars to providers for a selected reporting period.

Figure 71.1 – Bank Reconciliation Manual Check Other Expenditures Window

Bank Reconciliation Manual Check Other Expenditures Detail

File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Phone Tracking
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 71.2 – Bank Reconciliation Manual Check Other Expenditures Menu Tree

This is the menu tree for the Bank Reconciliation Manual Check Other Expenditures Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation Manual Check Other Expenditures Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: Manual Check Number

Description – Check number assigned by accounting assistant in Finance Unit

Format – 9 alphanumeric characters (99999999A)

Features – None

Edit – None

To Correct – N/a

Field Name: Manual Check Issue Date

Description – Date manual check was printed in Finance Unit.

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: Manual Check Amount

Description – Total dollars of manual check issued

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Expenditure Number

Description – System-assigned number for non-claim specific payouts.

Format – Nine numeric characters (999999999)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Summation of Manual Check Amounts

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Manual Other Expenditures

Description – Count of Manual Check Numbers

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_MAN_CHK_OTHER

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 72: Bank Reconciliation
System Checks Detail

Introduction

The Bank Reconciliation System Checks Detail window displays all system-generated checks issued to providers for payment for a selected reporting period.

Figure 72.1 – Bank Reconciliation System Checks Detail Window

Bank Reconciliation System Checks Detail	
File	**Applications**
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 72.2 – Bank Reconciliation System Checks Detail Menu Tree

This is the menu tree for the Bank Reconciliation System Checks Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation System Checks Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: System Check Number

Description – A system-generated check produced during the weekly financial cycle

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: System Check Issue Date

Description – Date check was issued

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: System Check Amount

Description – Dollar amount of issued check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Summation of System Check Amount

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total System Checks

Description – Count of System Check Numbers

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_SYS_CHK_WEEKLY

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation Ledger window.

Section 73: Bank Reconciliation System Reissue Checks Detail

Introduction

The Bank Reconciliation System Reissue Checks Detail window displays system-generated checks processed to replace mutilated system/manual checks or failed EFTs for a selected reporting period.

Figure 73.1 – Bank Reconciliation System Reissue Checks Detail Window

Bank Reconciliation System Reissue Checks Detail	
File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 73.2 – Bank Reconciliation System Reissue Checks Detail Menu Tree

This is the menu tree for the Bank Reconciliation System Reissue Checks Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation System Reissue Checks Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: System Check Number

Description – Reissued check number for replacement check or failed EFT.

Format – 9 alphanumeric characters (99999999A)

Features –None

Edit – None

To Correct – N/a

Field Name: System Check Issue Date

Description – Issue date of system-generated replacement check

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: System Check Amount

Description – Dollar amount of system-generated replacement check

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Summation of System Check Amounts

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/A

Field Name: Total System Reissue Checks

Description – Count of System Check Numbers

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_SYS_CHK_REISSUES

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Section 74: Bank Reconciliation EFT Detail

Introduction

The Bank Reconciliation EFT Detail window displays EFTs issued to providers for IHCP payments for a selected reporting period.

Figure 74.1 – Bank Reconciliation EFT Detail Window

Bank Reconciliation EFT Detail	
File	Applications
Print	Ad hoc Reporting
Exit	Claims
Exit Indiana*AIM*	Financial
	Managed Care
	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 74.2 – Bank Reconciliation EFT Detail Menu Tree

This is the menu tree for the Bank Reconciliation EFT Detail window. This illustration shows the overall menu commands and window options on the Bank Reconciliation EFT Detail window.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.

2. Click on the desired option title and a drop-down box displays. Use the mouse and click the **command** or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

Print – Prints the screen, window, or the data window

Exit – Returns to the previous window

*Exit Indiana*AIM – Exits Indiana*AIM*

Menu Selection: Applications

This menu selection accesses the following areas in Indiana*AIM*.

Ad hoc Reporting – Click to access the Ad hoc Reporting Menu

Claims – Click to access the Claims Menu

Financial – Click to access the Financial Menu

Managed Care – Click to access the Managed Care Menu

MARS – Click to access the MARS Menu

Prior Authorization – Click to access the PA Menu

Provider – Click to access the Provider Menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference Menu

Security – Click to access the Security Menu

SURS – Click to access the SURS Menu

Third Party Liability – Click to access the TPL Menu

Field Information

Field Name: EFT Number

Description – System assigned number generated during weekly financial cycle for payments to providers who receive EFT deposits

Format – 9 alphanumeric characters (99999999A)

Features – None

Edit – None

To Correct – N/a

Field Name: EFT Issue Date

Description – Effective date of EFT

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – None

To Correct – N/a

Field Name: EFT Amount

Description – Total dollars issued for each EFT number

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total Amount

Description – Summation of EFT Amount

Format – Maximum 18 numeric characters ($9,999,999,999,999,999.99)

Features – None

Edit – None

To Correct – N/a

Field Name: Total EFTs

Description – Count of EFT Numbers

Format – Four numeric characters (9,999)

Features – None

Edit – None

To Correct – N/a

Other Messages

None

System Information

PBL – FINC03.PBL

Window – W_BANK_RECON_DTL_EFT

Menu – M_BANK_RECON_MENU

Data Windows – None

System Features

Click **Print** to print the data window.

Click **Exit** to exit the window and return to the Bank Reconciliation General Ledger window.

Glossary

This glossary defines the universal terms of the Indiana Title XIX program as presented in the Request for Proposals (RFP). The spelling and capitalization is approved by the Office of Medicaid Policy and Planning (OMPP) for use in all documents. Any changes made to the original RFP glossary were made at the request of the OMPP. The terms and definitions in the Indiana Title XIX Common Glossary cannot be changed without contacting the Publications Manager of the Documentation Management Unit who will obtain confirmation and approval from the OMPP. Individual units should include additional terms, as required, in the glossary of their documents.

1115(a) Section of the Social Security Act that allows states to waive provisions of Medicaid law to test new concepts which are congruent with the goals of the Medicaid program. Radical, system-wide changes are possible under this provision. Waivers must be approved by CMS. See also *Health Care Financing Administration, Waiver.*

11971 State form 11971; see *8A*.

1261A Division of Family and Children State Form 1261A, *Certification – Plan of Care for Inpatient Psychiatric Hospital Services Determination of Medicaid Eligibility*

1500 This is a claim form used by participating Indiana Health Coverage Programs (IHCP*)* providers to bill medical and medically related services. See also *CMS-1500*.

1902(a)(1) Section of the Social Security Act that requires state Medicaid programs be in effect "in all political subdivisions of the state". See also *Statewideness*.

1902(a)(10) Section of the Social Security Act that requires state Medicaid programs provide services to people that are comparable in amount, duration and scope. See also *Comparability; Sections 1915(a), (b), and (c); Waiver*.

1902(a)(23) Section of the Social Security Act that requires state Medicaid programs ensure clients have the freedom to choose any qualified provider to deliver a covered service. See also *Freedom of Choice, Section 1915(b), Waiver.*

1902(r)(2) Section of the Social Security Act that allows states to use more liberal income and resource methodologies than those used to determine Supplemental Security Income (SSI) eligibility for determining Medicaid eligibility.

1903(m) Section of the Social Security Act that allows state Medicaid programs to develop risk contracts with health maintenance organizations or comparable entities. See also *Risk Contracts*.

1915(a) Section of the Social Security Act that states requirements for Medicaid.

1915(b) Section of the Social Security Act that allows states to waive Freedom of Choice. States may require that beneficiaries enroll in HMOs or other managed care programs, or select a physician to serve as their primary care case manager. Waivers must be approved by CMS.

1915(c)	Section of the Social Security Act that allows states to waive various Medicaid requirements to establish alternative, community-based services for individuals who qualify to receive services in an ICF-MR, nursing facility or Institution for Mental Disease, or inpatient hospital. Waivers must be approved by CMS. See also *CLASS, HCS, MDCP, CMS, NF, Waiver.*
1915(c)(7)(b)	Section of the Social Security Act that allows states to waive Medicaid requirements to establish alternative, community-based services for individuals with developmental disabilities who are placed in nursing facilities but require specialized services. Waivers must be approved by CMS. See also *CMS, HCS-O, Waiver.*
1929	Section of the Social Security Act that allows states to provide a broad range of home and community care to functionally disabled individuals as an optional state plan benefit. The option can serve only people over 65. In Indiana, individuals of any age may qualify to receive personal care services through Section 1929 if they meet the state's functional disability test and financial eligibility criteria. See also *Home and Community Care*.
450A	Social Evaluation for Long Term Care Admission
450B	Certification by Physician for Long Term Care Services.
590 Program	A State health coverage program for institutionalized persons under the jurisdiction of the Division of Mental Health and Department of Health.
7748	State Form 7748, Medicaid Financial Report
8A	*DPW Form 8A (State Form 11971), Notice to Provider of Member Deductible*. Used to relay member spenddown information to providers when the date of service is the same as the spenddown met date.
AA	Anesthesia Assistant.
AAA	Area Agency on Aging. This agency is a significant element in Home and Community-Based Services Waiver Programs.
AAC	Alternative or Augmentative Communication device.
AAP	American Academy of Pediatrics.
AAS	Atomic absorption spectrophotometer.
ABA	American Banking Association.
ABG	Arterial blood gas.
access	Term used to describe the action of entering and utilizing a computer application.
accommodation charge	A charge used only in institutional claims for bed, board, and nursing care.
accretion	An addition to a file or list. For example: the monthly additions to the Medicare Buy-In List.

ACOG	American College of Obstetricians and Gynecologists.
ACS	Affiliated Computer Services. State Healthcare PBM. Pharmacy Benefits Manager, Drug Rebate Services.
ACSW	Academy of Certified Social Workers.
ADA	American Dental Association.
ADAP	AIDS Drug Assistance Program.
ADC	Adult day care.
adjudicate (claim, credit, adjustment)	To process a claim to pay or deny.
adjustment	(1) A transaction that adjusts and reprocesses a previously processed claim; (2) the contractor adjusts a provider's account by debiting underpayments or crediting overpayments on claims.
adjustment recoupments	Recoupments set up by the adjustments staff on recoup and reprocess transactions. A record of these recoupments is maintained by the Cash Control System until zero balanced.
ADL	Activities of daily living.
Advance Planning Document (APD)	A planning guide the federal government requires when a state is requesting 90 percent funding for the design, development, and implementation of an MMIS.
AFDC	Aid to Families with Dependent Children is replaced by Temporary Assistance to Needy Families (TANF).
AG	Attorney General.
Aged and Medicare-Related Coverage Group	Needy individuals who have been designated by Department of Human Services (DHS) as medical assistance members, who are 65 years old or older, or members under any other category who are entitled to benefits under Medicare.
AHF	Antihemophiliac factor.
aid category	A designation within the State Social Services Department under which a person may be eligible for public assistance and/or medical assistance.
Aid to Families with Dependent Children (AFDC)	Needy families with dependent children eligible for benefits under the Medicaid Program, Title IV-A, Social Security Act. Replaced by Temporary Assistance to Needy Families (TANF).
Aid to the Blind (AB)	A classification or category of members eligible for benefits under the IHCP.
AIDS	Acquired Immune Deficiency Syndrome.
AIM	Advanced Information Management.
ALJ	Administrative Law Judge.

allowed amount	Either the amount billed by a provider for a medical service, the Department's established fee, or the reasonable charge, whichever is the lesser figure.
alpha	A field of only alphabetical letters.
alphanumeric	A field of numbers and letters.
ALS	Advanced life support.
ambulance service supplier	A person, firm or institution approved for and participating in Medicare as an air, ground, or host ambulance service supplier or provider.
amount, duration, and scope	How an IHCP benefit is defined and limited in a state's Medicaid plan. Each state defines these parameters, thus state Medicaid plans vary in what is actually covered.
ancillary charge	A charge, used only in institutional claims, for any item except accommodation fees. Examples include drug, laboratory and x-ray charges.
APS	Adult Protective Services.
ARC	Association of Retarded Citizens.
ARCH	Aid to Residents in County Homes. A State-funded program that provides medical services to certain residents of county nursing homes.
Area Agency on Aging	Also known as AAA. This agency is a significant element in Home and Community-Based Services Waiver Programs.
Area Prevailing Charge	Under Medicare Part B, the charge level that on the basis of statistical data would cover the customary charges made for similar services in the same locality.
ASC	Ambulatory Surgery Center.
AT	Action Team.
Attending Physician	The physician providing specialized or general medical care to a member.
Auditing Contractor	The entity under contract with the Office of Medicaid Policy and Planning (OMPP) to conduct audits of long-term-care facilities or other functions and activities as designated by OMPP.
auto assignment	Indiana*AIM* process that automatically assigns a managed care member to a managed care provider if the member does not select a provider within a specified time frame.
Automated Voice Response (AVR)	Computerized voice response system that helps providers obtain pertinent information concerning member eligibility, benefit limitation, check information, and prior authorization (PA) for those participating in the IHCP.
Average Wholesale Price; used in reference to drug pricing.	Indiana*AIM* process that automatically assigns a managed care member to a managed care provider if the member does not select a provider within a specified time frame.

AVR	Automated voice-response system used by providers to verify member eligibility by phone.
AWP	Average wholesale price used for drug pricing.
banner page	Brief messages sent to providers with the weekly remittance advices (RAs).
behavioral health care	Assessment and treatment of mental and/or psychoactive substance abuse disorders.
BENDEX	Beneficiary Data Exchange. A file containing data from CMS about persons receiving Medicaid benefits from the Social Security Administration.
Beneficiary	One who benefits from program such as the IHCP. Most commonly used to refer to people enrolled in the Medicare program.
benefit	A schedule of health care service coverage that an eligible participant in the IHCP receives for the treatment of illness, injury, or other conditions allowed by the State.
benefit level	Limit or degree of services a person is entitled to receive based on his or her contract with a health plan or insurer.
bidder	Any corporation, company, organization, or individual that responds to a Request for Proposal (RFP).
bill	A statement of charges for medical services, the submitted claim document, or electronic record; which may contain one or more services performed.
billed amount	The amount of money requested for payment by a provider for a particular service rendered.
billing provider	The party responsible for submitting to the department the bills for services rendered to an IHCP member.
billing service	An entity under contract with a provider that prepares billings on behalf of the provider for submission to payers.
block	Specific area on a claim or worksheet containing claim information.
BLS	Basic Life Support.
Blue Book	The *American Druggist Blue Book*, used as a reference in pricing drug products.
Boren Amendment	An amendment to *OBRA 80 (P.O. 96-499)*, which repealed the requirement that states follow Medicare principles in reimbursing hospitals, nursing facilities (NF) and intermediate care facility for the mentally retarded (ICF/MR) under the IHCP. The amendment substituted language that required states to develop payment rates that were "reasonable and adequate" to meet the costs of "efficiently and economically operated" providers. Boren was intended to give states new flexibility but it has increased successful lawsuits by providers and thus has contributed to the rising cost of Medicaid-funded institutional care.
BQAMIS	Bureau of Quality Assurance Management Information System.
BSN	Bachelor of Science in Nursing.

BSW	Bachelor of Social Work.
budgeted amount	The planned expenditures for a given time period.
bulletins	Informational directives sent to providers of IHCP services containing information on regulations, billing procedures, benefits, processing, or changes in existing benefits and procedures.
buy-in	A procedure whereby the State pays a monthly premium to the Social Security Administration on behalf of eligible IHCP members, enrolling them in Medicare Part A or Part B or both programs.
C&T	Certification and Transmittal; a document from the Indiana State Department of Health (ISDH).
C519	Authorization for Member Liability Deviation, generated by the Medicaid recipient's county caseworker. Applies only to nursing residents.
cap	A finite limit on the number of certain services for which the department will pay for a given member per calendar year.
capitation	A prospective payment method that pays the provider of service a uniform amount for each person served usually on a monthly basis. Capitation is used in managed care alternatives such as HMOs.
CARF	Commission on Accreditation of Rehabilitation Facilities
carrier	An organization processing Medicare claims on behalf of the federal government.
carve out	A decision to purchase separately a service that is typically a part of an indemnity (a HMO plan). (For example, the behavioral health benefit might be carved out to a specialized vendor to supply these services as stand-alone.)
case management	A process whereby covered persons with specific health care needs are identified and a plan which efficiently uses health care resources is formulated and implemented to achieve the optimum outcome in the most cost-effective manner.
case manager	An experienced professional (for example, nurse, doctor or social worker) who works with clients, providers, and insurers to coordinate all necessary services to provide the client with a plan of medically necessary and appropriate health care.
Cash Control Number (CCN)	Financial control number assigned to uniquely identify all refunds or repayments prior to their setup within the cash control system. The batch range within the CCN identifies the type of refund or repayment.
cash control system	Process whereby the case unit creates and maintains the records for accounts receivable, recoupments, and payouts.
categorically needy	All individuals receiving financial assistance under the State's approved plan under Titles I, IV-A, X, XIV, and XVI of the Social Security Act or who are in need under the State's standards for financial eligibility in such plan.
category code	A designation indicating the type of benefits for which an IHCP member is eligible.
category of service	A designation of the nature of the service rendered (for example, hospital outpatient, pharmacy, physician).

CCF	Claim correction form. A CCF is generated by Indiana*AIM* and sent to the provider that submitted the claim. The CCF requests the provider to correct selected information and return the CCF with the additional or corrected information.
CCN	Cash control number. A financial control number assigned to identify individual transactions.
CCSW	Certified Clinical Social Worker.
CDC	Centers for Disease Control.
CDFC	County Division of Family and Children.
CDPW	County Department of Public Welfare, which is changed to the County Offices of the Division of Family and Children.
CDT	Current Dental Terminology.
CEO	Chief Executive Officer.
certification	A review of CMS of an operational MMIS in response to a state's request for 75 percent FFP, to ensure that all legal and operational requirements are met by the system; also, the ensuing certification resulting from a favorable review.
certification code	A code PCCM PMPs use to authorize PCCM members to seek services from specialty providers.
CFR	Code of Federal Regulations. Federal regulations that implement and define federal Medicaid law and regulations.
CHAMPUS	Civilian Health and Medical Plan for the Uniformed Services (CHAMPUS); health-care plan for active duty family members, military retirees and family members of military retirees, now known as TRICARE.
charge center	A provider accounting unit within an institution used to accumulate specific cost data related to medical and health services rendered (for example, laboratory tests, emergency room service, and so forth.).
Children's Special Health Care Services (CSHCS)	State program that provides assistance for children with chronic health problems who are not necessarily eligible for Medicaid.
CHIP	Children's Health Insurance Program.
CI	Continual improvement.
claim	A provider's request for reimbursement of IHCP-covered services. Claims are submitted to the State's claims processing contractor using standardized claim forms: CMS-1500, UB-92, ADA Dental Form, and State-approved pharmacy claim forms.
Claim Correction Form (CCF)	Automatically generated for certain claim errors and sent to providers with the weekly RA. Allows providers the opportunity to correct specified errors detected on the claim during the processing cycle.

claim transaction	Any one of the records processed through the Claims Processing Subsystem. Examples are: (1) Claims (2) Credits (3) Adjustments.
claim type	Three-digit numeric code that refers to the different billing forms used by the program.
claims history file	Computer file of all claims, including crossovers and all subsequent adjustments that have been adjudicated by the MMIS.
claims processing agency	Agency that performs the claims processing function for IHCP claims. The agency may be a department of the single state agency responsible for Title XIX or a contractor of the agency, such as a fiscal agent.
clean claim	Claim that can be processed without obtaining additional information from the provider or from a third party.
CLIA	Clinical Laboratory Improvement Amendments. A federally mandated set of certification criteria and a data collection monitoring system designed to ensure the proper certification of clinical laboratories.
client	A person enrolled in the IHCP and thus eligible to receive services funded through the IHCP.
Cm	Centimeter.
CMHC	Community Mental Health Center.
CMI	Case Mix Index.
CMN	Certificate of Medical Necessity.
CMS	Centers for Medicare and Medicaid Services.
CMS-1500	CMS-approved standardized claim form used to bill professional services. Formerly referred to as HCFA-1500.
COB	Coordination of benefits.
co-insurance	The portion of Medicare-determined allowed charge that a Medicare member is required to pay for a covered medical service after the deductible has been met. The co-insurance or a percentage amount is paid by IHCP if the member is eligible for Medicaid. See also *Cost Sharing*.
Commerce Clearing House Guide	A publication containing Medicaid and Medicare regulations.
Community Living Assistance and Support Services (CLASS)	A waiver of the Medicaid state plan granted under Section 1915(c) of the Social Security Act that allows Indiana to provide community-based services to people with development disabilities other than mental retardation as an alternative to ICF MR VIII institutional care. Administered by Department of Human Services (DHS). See also *ICF MR, 1915(c), Waiver*.
Computer-Output Microfilm (COM)	The product of a device that converts computer data directly to formatted microfilm images bypassing the normal print of output on paper.

concurrent care	Multiple services rendered to the same patient during the same time period.
consent to sterilization	Form used by IHCP members certifying that they give "informed consent" for sterilization to be performed (it must be signed at least 30 days prior to sterilization).
contract amendment	Any written alteration in the specifications, delivery point, rate of delivery, contract period, price, quantity, or other contract provisions of any existing contract, whether accomplished by unilateral action in accordance with a contract provision, or by mutual action of the parties to the contract. It includes bilateral actions, such as change orders, administrative changes, notices of termination, and notices of the exercise of a contract option.
Contractor	Offeror with whom the State successfully negotiated a contract pursuant to *IC 12-1-7-17*.
	Auditing Contractor – The entity under contract with the OMPP to conduct audits of long-term-care facilities or other functions and activities as designated by the OMPP.
	Fiscal Agent Contractor – The offeror(s) with whom the State successfully negotiated a contract to perform one or more business functions associated with claims processing and provider payment activities.
	Rate-Setting Contractor – Entities under contract with the OMPP to perform rate-setting activities for hospitals and long-term-care facilities.
conversion factor	Number that when multiplied by a particular procedure code's relative value units would yield a substitute prevailing charge that could be used when an actual prevailing charge does not exist.
copayment or copay	A cost-sharing arrangement that requires a covered person to pay a specified charge for a specified service, such as $10 for an office visit. The covered person is usually responsible for payment at the time the health care is rendered. See also *Cost Sharing*.
core contractor	The successful bidder on *Service Package #1: Claims Processing and Related Services*.
core services	Refers to *Service Package #1: Claims Processing and Related Services*.
COS	Category of Service.
cost settlement	Process by which claims payments to institutional providers are adjusted yearly to reflect actual costs incurred.
cost sharing	The generic term that includes co-payments, coinsurance, and deductibles. Co-payments are flat fees, typically modest, that insured persons must pay for a particular unit of service, such as an office visit, emergency room visit, or the filling of a drug prescription. Coinsurance is a percentage share of medical bills (for example, 20 percent) that an insured person must pay out-of-pocket. Deductibles are specified caps on out-of-pocket spending that an individual or a family must incur before insurance begins to make payments.

county office	County offices of Family and Children. Offices responsible for determining eligibility for Medicaid using the Indiana Client Eligibility System (ICES).
covered service	Mandatory medical services required by CMS and optional medical services approved by the State. Enrolled providers are reimbursed for these services provided to eligible IHCP members subject to the limitations of the *Indiana Administrative Code* (IAC).
CP	Clinical psychologist.
CPAS	Claims processing assessment system. An automated claims analysis tool used by the State for contractor quality control reviews.
CPM	Continuous Passive Motion.
CPS	Child Protective Services.
CPT	Current Procedural Terminology.
CPT Codes (Current Procedural Terminology)	Unique coding structure scheme of all medical procedures approved and published by the American Medical Association.
CPU	Central Processing Unit.
CQM	Continuous quality management.
credit	A claim transaction that has the effect of reversing a previously processed claim transaction.
CRF/DD	Community Residential Facility for the Developmentally Disabled.
Crippled Children's Program	Title V of the Social Security Act allowing states to locate and provide health services to crippled children or children suffering from conditions leading to crippling. Former term for CSHCS.
CRLD	Computer report to laser disk.
CRNA	Certified Registered Nurse Anesthetist.
crossover claim	A claim for services, rendered to a patient eligible for benefits under both Medicaid and Medicare Programs, Titles XVIII and XIX, potentially liable for payment of qualified medical services. (Medicare benefits must be processed prior to IHCP benefits).
CRT Terminal (Cathode-Ray Tube Terminal)	A type of input/output device that may be programmed for file access capabilities, data entry capabilities or both.
CSHCS	Children's Special Health Care Services. A State-funded program providing assistance to children with chronic health problems. CSHCS members do not have to be IHCP-eligible. If they are also eligible for the IHCP, children can be enrolled in both programs.
CSR	Customer Service Request.

CSW	Certified Social Worker
customer	Individuals or entities that receive services or interact with the contractor supporting the IHCP program, including State staff, members, and IHCP providers (managed care PMPs, managed care organizations, and waiver providers).
CVP	Central venous pressure.
D&E	Diagnostic and evaluation (in reference to services and providers).
DASS	Delivery and Support System.
data element	A specific unit of information having a unique meaning.
DC	Doctor of Chiropractic.
DD	Developmentally disabled or developmental disabilities.
DDARS	Division of Disability, Aging, and Rehabilitative Services.
DDE	Direct data entry.
DDS	Doctor of Dental Surgery.
deductible	Fixed amount that a Medicare member must pay for medical services before Medicare coverage begins. The deductible must be paid annually before Part B medical coverage begins; and it must be paid for each benefit period before Part A coverage begins.
DESI	Drug Efficacy Study and Implementation, drug determined to be less than effective (LTE); not covered by the IHCP.
designee	A duly authorized representative of a person holding a superior position.
detail	Information on a claim that denotes a specific procedure or category of certain services and the total charge billed for the procedure(s) involved. Also used to describe lines within a screen segment; for example, those listed to describe periods of eligibility.
development disability	Mental retardation of a related condition. A severe, chronic disability manifested during the developmental period that results in impaired intellectual functioning or deficiencies in essential skills. See also *Mental Retardation, Related Condition*.
DHHS	U.S. Department of Health and Human Services. DHHS is responsible for the administration of Medicaid at the federal level through CMS.
DHS	Department of Human Services.
diagnosis	The classification of a disease or condition. (1) The art of distinguishing one disease from another. (2) Determination of the nature of a cause of a disease. (3) A concise technical description of the cause, nature, or manifestations of a condition, situation, or problem. (4) A code for the above. See also *ICD-9-CM, DRG*.
digit	Any symbol expresses an idea or information, such as letters, numbers, and punctuation.

direct price	Price the pharmacist pays for a drug purchased from a drug manufacturer.
disallow	To determine that a billed service(s) is not covered by the IHCP and will not be paid.
disposition	Application of a cash refund to a previously finalized claim. Also used in processing claims to identify claim finalization—payment or denial.
DME	Durable medical equipment. Examples: wheelchairs, hospital beds, and other nondisposable, medically necessary equipment.
DMH	Division of Mental Health.
DMHA	Division of Mental Health and Addiction.
DO	Doctor of Osteopathy.
DOB	Date of birth.
DOS	Date of service; the specific day services were rendered.
down	Term used to describe the inactivity of the computer due to power shortages or equipment problems. Entries on a terminal are not accepted during down time.
DPOC	Data Processing Oversight Commission. Indiana state agency that oversees agency compliance with all State data processing statutes, policies, and procedures.
DPW	Department of Public Welfare, the previous name of the Family and Social Services Administration
DPW Form 8A	See *8A*.
DRG	Diagnosis-related grouping. Used as the basis for reimbursement of inpatient hospital services.
drug code	Code established to identify a particular drug covered by the IHCP.
Drug Efficacy Study and Implementation (DESI)	A drug determined to be less than effective (LTE) and not covered by the IHCP.
drug formulary	List of drugs covered by a State Medicaid Program, which includes the drug code, description, strength and manufacturer.
DSH	Disproportionate share hospital. A category defined by the State identifying hospitals that serve a disproportionately higher number of indigent patients.
DSM	Diagnostic and Statistical Manual of Mental Disorders; a revision series number is usually associated with the acronym.
DSS	Decision Support System. A data extraction tool used to evaluate IHCP data, trends, and so forth, for the purpose of making programmatic decisions.
dual eligible	A person enrolled in Medicare and Medicaid.

duplicate claim	A claim that is either totally or partially a duplicate of services previously paid.
DUR	Drug Utilization Review. A federally mandated, Medicaid-specific prospective and retrospective drug utilization review system and all related services, equipment, and activities necessary to meet all applicable federal DUR requirements.
E/M	Evaluation and Management.
EAC	Estimated acquisition cost of drugs. Federal pricing requirements for drugs.
ECC	Electronic claims capture. Refers to the direct transmission of electronic claims over phones lines to Indiana*AIM*. ECC uses point-of-sale devices and personal computers for eligibility verification, claims capture, application of Pro-DUR, prepayment editing, and response to and acceptance of claims submitted on-line. Also known as ECS and EMC.
ECF	Extended care facility; most commonly, long-term care (LTC); or nursing home (NH), or nursing facility (NF).
ECM	Electronic claims management; overall management of claim transmittal via electronic media; related to ECS, EMC, ECC, and paperless claims.
ECS	Electronic claims submission. Claims submitted in electronic format rather than paper. See *ECC, EMC*.
EDI	Electronic data interchange.
EDP	Electronic data processing.
EDS	Electronic Data Systems Corporation, the IHCP claims processing and third party liability contractor.
EFT	Electronic funds transfer. Paying providers for approved claims via electronic transfer of funds from the State directly to the provider's account.
EIP	Early Intervention Program
eligibility file	File containing individual records for all persons who are eligible or have been eligible for the IHCP.
eligible member	Person certified by the State as eligible for medical assistance in accordance with the State Plan(s) under Title XIX of the Social Security Act, Title V of the Refugee Education Assistance Act, or State law.
eligible providers	Person, organization, or institution approved by the Single State Agency as eligible for participation in the IHCP.
EMC	Electronic media claims. Claims submitted in electronic format rather than paper. See *ECC, ECS*.
EMS	Emergency medical services.
EOB	Explanation of benefits. An explanation of claim denial or reduced payment included on the provider's remittance advice.

EOMB	Explanation of Medicare benefits. A form provided by Indiana*AIM* and sent to members. The EOMB details the payment or denial of claims submitted by providers for services provided to members. See also *MRN*.
EOP	Explanation of payment, term previously used by the IHCP for the claim summary statement – currently know as a remittance advice (RA). Other insurers continue to use the term for claim statements to providers.
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment program. Known as HealthWatch in Indiana, EPSDT is a program for IHCP-eligible members younger than 21 years old offering free preventive health care services, such as: screenings, well-child visits, and immunizations. If medical problems are discovered, the member is referred for further treatment.
error code	Code connected to a claim transaction indicating the nature of an error condition associated with that claim. An error code can become a rejection code if the error condition is such that the claim is rejected.
errors	Claims that are suspended prior to adjudication. Several classifications of errors could exist; for example claims with data discrepancies or claims held up for investigation of possible third party liability. Claims placed on suspense for investigatory action can be excluded from classification as an error at the user's option during detail system design. See also *Rejected Claim*.
ESRD	End Stage Renal Disease.
EST	Eastern Standard Time, which is also Indianapolis local time, is a constant in *the majority* of the state of Indiana. This means that from the last Sunday in April to the last Sunday in October Indianapolis is on the same time as the states observing Central Standard Time (CST), like Chicago. From the last Sunday in October to the last Sunday in April Indianapolis is on the same time as the states observing Eastern Standard Time (EST), like New York. This is because Indiana does not observe daylight savings time.
EVS	Eligibility Verification System. A system used by providers to verify member eligibility using a point-of-sale device, on-line PC access, or an automated voice-response system.
exclusions	Illnesses, injuries, or other conditions for which there are no benefits.
Exclusive Provider Organization (EPO)	Arrangement between a provider network and a health insurance carrier or self-insured employer that requires the beneficiary to use only designated providers or sacrifice reimbursement altogether. See also *Preferred Provider Organization.*
Explanation of benefits (EOB)	An explanation of claim denial or reduced payment included on the provider's RA.
Family Planning Service	Any medically approved diagnosis, treatment, counseling, drugs, supplies or devices prescribed or furnished by a physician to individuals of child-bearing age for purposes of enabling such individuals to determine the number and spacing of their children.
FAMIS	Family Assistance Management Information System.

FDB	First Data Bank.
Fee-For-Service Reimbursement	The traditional health care payment system, under which physicians and other providers receive a payment for each unit of service they provide. See also *Indemnity Insurance*.
FEIN	Federal employer identification number. A number assigned to businesses by the federal government.
FFP	Federal financial participation. The federal government reimburses the State for a portion of the Medicaid administrative costs and expenditures for covered medical services.
FFS	Fee-for-service.
FID	Federal Investigation Database.
field audit	A provider's facilities, procedures, records and books are reviewed for conformance to IHCP standards. A field audit may be conducted regularly, routinely, or on a special basis to investigate suspected misutilization.
FIPS	Federal information processing standards.
Fiscal Agent Contractor	The offeror with whom the State successfully negotiated a contract to perform one or more business functions associated with claims processing and provider payment activities.
fiscal month	Monthly time interval in a fiscal year.
Fiscal Year	The designated annual reporting period for an entity: State of Indiana – July 1 through June 30 Federal – October 1 through September 30
FISS	Fiscal intermediary shared system.
flat rate	Reimbursement methodology in which all providers delivering the same service are paid at the same rate. Also known as a Uniform Rate.
FMAP	Federal Medical Assistance Percentage. The percentage of federal dollars available to a state to provide Medicaid services. FMAP is calculated annually based on a formula designed to provide a higher federal matching rate to states with lower per capita income.
Form 1261A	Division of Family and Children State Form 1261A, *Certification – Plan of Care for Inpatient Psychiatric Hospital Services Determination of Medicaid Eligibility*.
FPL	Federal poverty level. Income guidelines established annually by the federal government. Public assistance programs usually define income limits in relation to FPL.

FQHC	Federally Qualified Health Center. A center receiving a grant under the Public Health Services Act or entity receiving funds through a contract with a grantee. These include community health centers, migrant health centers, and health care for the homeless. FQHC services are mandated Medicaid services and may include comprehensive primary and preventive services, health education, and mental health services.
freedom of choice	A State must ensure that Medicaid beneficiaries are free to obtain services from any qualified provider. Exceptions are possible through waivers of Medicaid and special contract options.
front end	First process of claim cycle designed to create claim records, perform edits, and produce inventory reports.
front-end process	All claims system activity that occurs before auditing.
FSSA	Family and Social Services Administration. The Office of Medicaid Policy and Planning (OMPP) is a part of FSSA. FSSA is an umbrella agency responsible for administering most Indiana public assistance programs. However, the OMPP is designated as the single State agency responsible for administering the IHCP.
FTE	Full time employee.
FUL	Federal upper limit, the pricing structure associated with maximum allowable cost (MAC) pricing.
GCN*SEQND	Generic code sequence number classification system.
generic drug	A chemically equivalent copy designed from a brand name whose patent has expired and is typically less expensive.
Gm	Gram
GPCI	Geographic practice cost index.
GPCPD	Governor's Planning Council for People with Disabilities.
GPI	Generic pricing indicator.
Group Model Health Maintenance Organization	A health care model involving contracts with physicians organized as a partnership, professional corporation, or other association. The health plan compensates the medical group for contracted services at a negotiated rate, and that group is responsible for compensating its physicians and contracting with hospitals for care of their patients.
group practice	A medical practice in which several physicians render and bill for services under a single billing provider number.
hard copy claim	A claim for services that was submitted on a paper claim form rather than via electronic means; also seen as "paper" and "manual".
HBP	Hospital-Based Physician. A physician who performs services in a hospital setting and has a financial arrangement to receive income from that hospital for the services performed.

HCBS	Home- and Community-Based Services waiver programs. A federal category of Medicaid services, established by Section 2176 of the Social Security Act. HCBS includes: adult day care, respite care, homemaker services, training in activities of daily living skills, and other services that are not normally covered by Medicaid. Services are provided to disabled and aged members to allow them to live in the community and avoid being placed in an institution.
HCE	Health Care Excel, Inc. The IHCP prior authorization, surveillance and utilization review and medical policy contractor
HCFA-1500	CMS-approved standardized claim form used to bill professional services. Now referred to as CMS-1500.
HCI	Hospital Care for the Indigent. A program that pays for emergency hospital care for needy persons who are not covered under any other medical assistance program.
HCPCS	Healthcare Common Procedure Coding System. A uniform health care procedural coding system approved for use by CMS. HCPCS includes all subsequent editions and revisions.
header	Identification and summary information at the head (top) of a claim form or report.
HealthWatch	Indiana's preventive care program for IHCP members younger than 21 years old. Also known as EPSDT.
HEDIS	Health Plan Employer Data and Information Set. A core set of performance measures developed for employers to use in assessing health plans.
help	An online computer function designed to assist users when encountering difficulties entering a screen.
HHA	Home Health Agency. An agency or organization approved as a home health agency under Medicare and designated by ISDH as a Title XIX home health agency.
HHPD	Hoosier Healthwise for Persons with Disabilities and Chronic Diseases, formerly referred to as MCPD. HHPD is one of three delivery systems in the Hoosier Healthwise managed care program. In HHPD, an MCO is reimbursed on a per capita basis per month to manage the member's health care. This delivery system serves people identified as disabled under the IHCP definition.
HHS	Health and Human Services. U.S. Department of Health and Human Services. Umbrella agency for the Office of Family Assistance, the CMS, the Office of Refugee Resettlement (ORR), and other federal agencies serving health and human service needs.
HIC	Health insurance carrier number.
HIC #	Health Insurance Carrier Number. Identification number for those patients with Medicare coverage. The HIC# is usually the patient's Social Security number and an alphabetic suffix that denotes different types of benefits.
HIO	Health insuring organization.
HIPAA	Health Insurance Portability and Accountability Act

HIPP	Health insurance premium payments.
HIV	Human Immunodeficiency Virus
HMO	Health maintenance organization.
HMO	Health maintenance organization. Organization that delivers and manages health services under a risk-based arrangement. The HMO usually receives a monthly premium or capitation payment for each person enrolled, which is based on a projection of what the typical patient will cost. If enrollees cost more, the HMO suffers losses. If the enrollees cost less, the HMO profits. This gives the HMO incentive to control costs. See also *Sections 1903(m) and 1915 (b), PHP, PPO, Primary Care Case Management.*
HMS	Health Management Services.
Home and Community Care for the Functionally Disabled	An optional state plan benefit that allows states to provide HCBS to functionally disabled individuals (In Indiana, this optional benefit is used by ISDH to provide personal care services to people who have income in excess of SSI limitations but who would be financially qualified in an institution.) Also known as the "Frail Elderly" provision, although Indiana can serve people of any age under this provision. See also *Section 1919, Primary Home Care.*
Home and Community-Based Services-Omnibus Budget Reconciliation Act (HCS-OBRA)	A waiver of the Medicaid state plan granted under Section *1915(c)(7)(b)* of the Social Security Act that allows Indiana to provide community-based services to certain people with developmental disabilities placed in nursing facilities but requiring specialized service according to the PASARR process. See also *Section 1915(c)(7)(b), PASARR, Waiver.*
Home Health Care Services	Visits ordered by a physician authorized by DHS and provided to homebound members by licensed registered and practical nurses and nurses aids from authorized home health care agencies. These services include medical supplies, appliances, and DME suitable for use in the home.
Hoosier Healthwise	Hoosier Healthwise is an IHCP managed care program that consists of two components including Primary Care Case Management (PCCM) and risk-based managed care (RBMC).
HOPA	Hospital outpatient area.
HPB	Health Professions Bureau.
HPSA	Health professional shortage area.
HPSB	Health Professions Service Bureau.
HRI	Health-related items.
HRR	High risk register (in relation to audiological screening).
HSA	Home service agency.
HSPP	Health services provider in psychology.

IAC	*Indiana Administrative Code – Indiana rules.* State government agency administrative procedures.
IC	Indiana Code – Indiana laws.
ICD-9-CM	International Classification of Diseases, 9th Revision, Clinical Modification. ICD-9-CM codes are standardized diagnosis codes used on claims submitted by providers.
ICES	Indiana Client Eligibility System. Caseworkers in the county offices of Family and Children use this system to help determine applicants' eligibility for medical assistance, food stamps, and Temporary Assistance for Needy Families (TANF).
ICF	Intermediate care facility. Institution providing health-related care and services to individuals who do not require the degree of care provided by a hospital or skilled nursing home, but who, because of their physical or mental condition, require services beyond the level of room and board.
ICF/MR	Intermediate care facility for the mentally retarded. An ICF/MR provides residential care treatment for IHCP-eligible, mentally retarded individuals.
ICHIA	Indiana Comprehensive Health Insurance Association, a health insuring organization for special situations.
ICLPPP	Indiana Childhood Lead Poisoning Prevention Program.
ICN	Internal control number. Number assigned to claims, attachments, or adjustments received in the fiscal agent contractor's mailroom.
ICU	Intensive care unit.
IDDARS	Indiana Division of Disability, Aging, and Rehabilitative Services.
IDEA	Individuals with Disabilities Education Act.
IDOA	Indiana Department of Administration. Conducts State financial operations including: purchasing, financial management, claims management, quality assurance, payroll for State staff, institutional finance, and general services such as leasing and human resources.
IEMS	Indiana Emergency Medical Service.
IEP	Individual Education Program (in relation to the First Steps Early Intervention System).
IFSP	Individual Family Service Plan (in relation to the First Steps Early Intervention System).
IFSSA	Indiana Family and Social Services Administration.
IHCP	Indiana Health Coverage Program.
IMCA	Indiana Motor Carrier Authority.
IMCS	Indiana Motor Carrier Services.

IMD	Institutions for mental disease.
IMF	Indiana Medical Foundation. Non-profit organization contracted by the DHS for the daily review and correction of abstracts submitted by all IHCP hospitals in Indiana.
IMFCU	Indiana Medicaid Fraud Control Unit.
IMRP	Indiana Medical Review Program. Program administered by the IMF to insure the medical necessity of hospitalization and surgery.
indemnity insurance	Insurance product in which beneficiaries are allowed total freedom to choose their health care providers. Those providers are reimbursed a set fee each time they deliver a service. See also *Fee-for-Service*.
Indiana Family and Social Service Administration (IFSSA)	The State agency responsible for the coordination and administration of social service programs in the state of Indiana. The OMPP, under Indiana Family and Social Security Administration (IFSSA), is the single State agency responsible for the administration of the IHCP.
Indiana State Department of Health (ISDH)	The State agency responsible for promotion of health; providing guidance on public health issues; ensuring the quality of health facilities and programs and the administration of certain health programs. The Bureau of Family Health Services is the bureau within the Indiana State Department of Health (ISDH) organization charged with the administration of the Children's Special Health Care Services Division (CSHCS) as well as the Maternal and Child Health Division (MCH) and the Division of Women, Infants, and Children (WIC).
Indiana*AIM*	Indiana Advanced Information Management system. The State's current Medicaid Management Information System (MMIS).
inquiry	Type of online screen programmed to display rather than enter information. Used to research information about members, providers, claims adjustments and cash transactions.
institution	An entity that provides medical care and services other than that of a professional person. A business other than a private doctor or a pharmacy.
intensive care	Level of care rendered by the attending physician to a critically ill patient requiring additional time and study beyond regular medical care.
interim	A billing that is only for a portion of the patient's continuous complete stay in an inpatient setting.
intermediary	Private insurance organizations under contract with the government handling Medicare claims from hospitals, skilled nursing facilities, and home health agencies.
IOC	Inspection of care. A core contract function reviewing the care of residents in psychiatric hospitals and ICFs/MR. The review process serves as a mechanism to ensure the health and welfare of institutionalized residents.

IPA	Individual Practice Associate. Model HMO. A health care model that contracts with an entity, which in turn contracts with physicians, to provide health care services in return for a negotiated fee. Physicians continue in their existing individual or group practices and are compensated on a per capita, fee schedule, or fee-for-service basis.
IPAS	Indiana Pre-Admission Screening.
IPP	Individualized Program Plan..
IRS	Identical, related, or similar drugs, in relation to less than effective (LTE) drugs.
ISBOH	Indiana State Board of Health; currently known as the Indiana State Department of Health.
ISDH	Indiana State Department of Health; previously known as Indiana State Board of Health.
ISETS	Indiana Support Enforcement Tracking System.
ISMA	Indiana State Medical Association.
itemization of charges	A breakdown of services rendered that allows each service to be coded.
ITF	Integrated test facility. A copy of the production version of Indiana*AIM* used for testing any maintenance and modifications before implementing changes in the production system.
JCL	Job control language.
Julian Date	A method of identifying days of the year by assigning numbers from 1 to 365 (or 366 on leap years) instead of by month, week, and day. For example, January 10 has a Julian date of 10 and December 31 has a Julian date of 365. This date format is easier and quicker for computer processing.
L	Liter.
LAN	Local area network.
LCL	Lower Control Limit (Pertaining to quality control charts).
LCN	Letter control number.
LCSW	Licensed Clinical Social Worker.
licensed practical nurse	LPN.
limited license practitioner	LLP.
line item	A single procedure rendered to a member. A claim is made up for one or more line items for the same member.
LLP	Limited license practitioner.

LMFT	Licensed Marriage and Family Therapist.
LMHC	Licensed Mental Health Counselor.
LOA	Leave of absence.
LOC	Level-of-care. Medical LOC review determinations are rendered by OMPP staff for purposes of determining nursing home reimbursement.
location	Location of the claim in the processing cycle such as paid, suspended, or denied.
lock-in	Restriction of a member to particular providers, determined as necessary by the State.
lock-out	Restriction of providers, for a time period, from participating in a portion or all of the IHCP due to exceeding standards defined by the department.
LOS	Length of stay.
LPN	Licensed Practical Nurse.
LSL	Lower specification limit, pertains to quality control charts.
LSW	Licensed Social Worker.
LTC	Long-term care. Used to describe facilities that supply long-term residential care to members.
LTE	Less than effective drugs.
M/M	Medicare/Medicaid.
MAC	Maximum allowable cost for drugs as specified by the federal government.
MAC	Monitored anesthesia care
managed care	System where the overall care of a patient is overseen by a single provider or organization. Many state Medicaid programs include managed care components as a method of ensuring quality in a cost efficient manner. See also *Section 1915(b), HMO, PPO, Primary Case Management.*
Managed Care PCCM	Members in the primary care case management delivery system are linked to a primary medical provider (PMP) that acts as a gatekeeper by providing and arranging for most of the members' medical care. The PMP receives an administrative fee per month for every member and is reimbursed on a fee-for-service basis.
Managed Care RBMC	In a risk-based managed care delivery system, the OMPP pays contracted managed care organizations (MCOs) a capitated monthly premium for each IHCP enrollee in the MCO's network. The care of members enrolled in the MCO is managed by the MCO through its network of PMPs, specialists and other providers of care, who contract directly with the MCO.

mandated or required services	Services a state is required to offer to categorically needy clients under a state Medicaid plan. (Medically needy clients may be offered a more restrictive service package.) Mandated services include the following: Hospital (IP & OP), lab/x-ray, nursing facility care (21 and over), home health care, family planning, physician, nurse midwives, dental (medical/surgical), rural health clinic, certain nurse practitioners, federally qualified health centers, renal dialysis services, HealthWatch/EPSDT (under age 21), medical transportation.
manual claim	Claim for services submitted on a paper claim form rather than via electronic means; also seen as *paper* and *hard copy*.
MARS	Management and Administrative Reporting Subsystem. A federally mandated comprehensive reporting module of Indiana*AIM* that includes data and reports as specified by federal requirements.
MCCA	Medicare Catastrophic Coverage Act of 1988.
MCO	Managed Care Organization. Entity that provides or contracts for managed care. MCOs include entities such as HMOs and Prepaid Health Plans (PHPs). See also *HMO, Prepaid Health Plan*.
MCPD	A pilot program that was available in Marion county from January 1997 through December 1999. It was a voluntary risk-based managed care program for IHCP enrollees that were considered disabled or chronically ill according to the State's established criteria.
MCS	Managed Care Solutions (now called Lifemark Corporation).
MD	Medical Doctor.
MDS	Minimum data set.
Medicaid	A joint federal-state entitlement program that pays for medical care on behalf of certain groups of low-income persons. The program was enacted in 1965 under Title XIX of the Social Security Act.
Medicaid certification	The determination of a member's entitlement to Medicaid benefits and notification of that eligibility to the agency responsible for Medicaid claims processing.
Medicaid Financial Report	State Form 7748, used for cost reporting.
Medicaid fiscal agent	Contractor that provides the full range of services supporting the business functions included in the core and non-core service packages.
Medicaid plan	See also *Medicaid State Plan, Single State Agency.*
Medicaid Select	A managed care program for the aged, blind and disabled population consisting of a Primary Care Case Management (PCCM) delivery system.
Medicaid State plan	See also *Single State Agency, Medicaid Plan.*
Medicaid-Medicare eligible	Member who is eligible for benefits under both Medicaid and Medicare. Members in this category are *bought-in* for Part B coverage of the Medicare Program by the Medicaid Program.

medical emergency	Defined by the American College of Emergency Physicians as a medical condition manifesting itself by symptoms of sufficient severity that the abscence of immediate medical attention could reasonable be expected to result in: (a) placing health in jeopardy; (b) serious impairment to bodily function; (c) serious dysfunction of any bodily organ or part; or (d) development or continuance of severe pain.
medical necessity	The evaluation of health care services to determine if they are: medically appropriate and necessary to meet basic health needs; consistent with the diagnosis or condition and rendered in a cost-effective manner; and consistent with national medical practice guidelines regarding type, frequency and duration of treatment.
medical policy	Portion of the claim processing system whereby claim information is compared to standards and policies set by the state for the IHCP.
medical policy contractor	Successful bidder on *Service Package #2: Medical Policy and Review Services.*
medical supplies	Supplies, appliances, and equipment.
medically needy	Individuals whose income and resources equal or exceed the levels for assistance established under a state or federal plan, but are insufficient to meet their costs of health and medical services.
Medicare	The federal medical assistance program described in Title XVIII of the Social Security Act for people over the age of 65, for persons eligible for Social Security disability payments and for certain workers or their dependents who require kidney dialysis or transplantation.
Medicare crossover	Process allowing for payment of Medicare deductibles and/or co-insurance by the Medicaid program.
Medicare deductibles and co-insurance	All charges classified as deductibles and/or coinsurance under Medicare Part A or Part B for services authorized by Medicare Part A or Part B.
member	A person who receives a IHCP service while eligible for the IHCP. People may be IHCP-eligible without being IHCP members. These individuals are called enrollees or members when in the Hoosier Healthwise Progam. See also *Client, Eligible Member*.
member relations	The activity within the single state agency that handles all relationships between the IHCP and individual member.
member restriction	A limitation or review status placed on a recipient that limits or controls access to the IHCP to a greater extent than for other nonrestricted members.
mental disease	Any condition classified as a neurosis, psychoneurosis, psychopathy, psychosis, or personality disorder.
mental illness	A single severe mental disorder, excluding mental retardation, or a combination of severe mental disorders as defined in the latest edition of the *American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders*.

mental retardation	Significantly subaverage intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.
menu	Online screen displaying a list of the available screens and codes needed to access the online system.
MEQC	Medicaid eligibility quality control.
MFCU	Medicaid Fraud Control Unit.
MHS	Managed Health Services.
MI	Mental illness.
MI/DD	Mental illness and developmental disability.
microfiche	Miniature copies of the RAs that can store approximately 200 pages of information on a plastic sheet about the size of an index card.
microfilm	Miniature copies of all claims received by Medicaid stored on film for permanent records-keeping and referral.
misutilization	Any usage of the IHCP by any of its providers or members not in conformance with both state and federal regulations, including both abuse and defects in level and quality of care.
Ml	Milliliter.
MLOS	Mean Length of Stay.
MMDDYY	Format for a date to be reflected as month, day, and year such as 091599.
MMIS	Medicaid Management Information System. Indiana's current MMIS is referred to as Indiana*AIM*.
MMRT	Medicaid Medical Review Team.
MOC	Memorandum of Collaboration; a Hoosier Healthwise document that provides a formal description of the terms of collaboration between the primary medical provider (PMP) and the preventive health care service provider (PHCSP). It also serves as a tool for delineating responsibilities for referrals on a continuous basis. MOCs must be signed by both parties and are subject to OMPP approval.
module	A group of data processing and/or manual processes that work in conjunction with each other to accomplish a specific function.
MR/DD	Mental retardation and developmentally disabled.
MRN	Medicare Remittance Notice. A form provided by Indiana*AIM* and sent to members. The MRN details the payment or denial of claims submitted by providers for services provided to members.
MRO	Medicaid Rehabilitation Option. Special program restricted to community mental health centers for persons who are seriously mentally ill or seriously emotionally disturbed.

MRT	Medical Review Team, unit which makes decision regarding Disability Determination.
MS	Mail stop.
MSN	Master of Science in Nursing.
MSS	Master of Social Sciences.
MSW	Master of Social Work.
MWU	Medicaid Waiver Unit, the IDDARS unit which manages the HCBS Waiver Programs.
NAS	Non-ambulatory service.
NASW	National Association of Social Workers.
NCPDP	National Council for Prescription Drug Programs.
NDC	National Drug Code. A generally accepted system for the identification of prescription and non-prescription drugs available in the United States. NDC includes all subsequent editions, revisions, additions, and periodic updates.
NDDF	National Drug Data File.
NEC	Not elsewhere classified.
NECS	National Electronic Claims Submission is the proprietary software developed by EDS. NECS is installed on a provider's PCs and used to submit claims electronically. The software allows providers access to on-line, real-time eligibility information.
Network Model HMO	An HMO type in which the HMO contracts with more than one physician group, and may contract with single- and multi-specialty groups. The physician works out of his or her own office. The physician may share in utilization savings, but does not necessarily provide care exclusively for HMO members.
NF	Nursing facility; also seen as ECF, NH, and LTC.
NH	Nursing home; also seen as ECF, NF, and LTC.
NIH	National Institutes of Health.
NOC	Not otherwise classified.
non-core contractors	Refers to the Medical Policy Contractor and the TPL/Drug Rebate Contractor.
non-core services	Refers to *Service Packages #2 and #3*.
NOOH	Notice of Opportunity for Hearing. Notification that a drug product is the subject of a notice of opportunity for hearing issued under Section 505(e) of the Federal Food, Drug, and Cosmetic Act and published in the *Federal Register* on a proposed order of FDA to withdraw its approval for the drug product because it has determined that the product is less than effective for all its labeled indications.

NPIN	National provider identification number.
nursing facilities	Facilities licensed by and approved by the state in which eligible individuals receive nursing care and appropriate rehabilitative and restorative services under the Title XIX (Medicaid) Long Term Care Program. See also *Long Term Care, TILE.*
nursing facility waiver (NF waiver)	A waiver of the Medicaid's state plan granted under Section 1915(c) of the Social Security Act that allows Indiana to provide community-based services to adults as an alternative to nursing facility care. See also *Nursing Facilities, 1915(c), Waiver.*
OASDI	Old Age, Survivors and Disability Insurance. See also *Title II Benefits (Social Security or OASDI).*
OB/GYN	Obstetrician/Gynecologist.
OBRA	Omnibus Budget Reconciliation Act.
OBRA-90	Omnibus Budget Reconciliation Act of 1990.
OCR	Optical Character Recognition Equipment. A device that reads letters or numbers from a page and converts them to computerized data, bypassing data entry.
OD	Doctor of Optometry.
OFC	Office of Family and Children.
OIG	Office of the Inspector General.
OMNI	A point-of-sale device used by providers to scan member ID cards to determine eligibility.
OMPP	Office of Medicaid Policy and Planning.
optional services or benefits	More than 30 different services that a state can elect to cover under a state Medicaid plan. Examples include personal care, rehabilitative services, prescribed drugs, therapies, diagnostic services, ICF-MR, targeted case managed, and so forth.
OTC	Over the counter, in reference to drugs.
other insurance	Any health insurance benefits that a patient might possess in addition to Medicaid or Medicare.
other processing agency	Any organization or agency that performs IHCP functions under the direction of the single state agency. The single state agency may perform all IHCP functions itself or it may delegate certain functions to other processing agencies.
outcome measures	Assessments that gauge the effect or results of treatment for a particular disease or condition. Outcome measures include the patient's perception of restoration of function, quality of life and functional status, as well as objective measures of mortality, morbidity, and health status.
outcomes	Results achieved through a given health care service, prescription drug use, or medical procedure.

outcomes management	Systematically improving health care results, typically by modifying practices in response to data gleaned through outcomes measurement, then remeasuring and remodifying, often in a formal program of continuous quality improvement.
outcomes research	Studies aimed at measuring effect of a given product, procedure, or medical technology on health or costs.
outlier	An additional payment made to hospitals for certain clients under age 21 for exceptionally long or expensive hospital stays.
out-of-state	Billing for a IHCP member from a facility or physician outside Indiana or from a military facility.
outpatient services	Hospital services and supplies furnished in the hospital outpatient department or emergency room and billed by a hospital in connection with the care of a patient who is not a registered bed patient.
overpayment	An amount included in a payment to a provider for services provided to a IHCP member resulting from the failure of the contractor to use available information or to process correctly.
override	Forced bypassing of a claim due to error (or suspected error), edit, or audit failure during claims processing. Exempted from payment pending subsequent investigation not to be in error.
overutilization	Use of health or medical services beyond what is considered normal.
PA	Prior authorization. Some designated IHCP services require providers to request approval of certain types or amounts of services from the State before providing those services. The Medical Services Contractor and/or State medical consultants review PAs for medical necessity, reasonableness, and other criteria.
paid amount	Net amount of money allowed by the IHCP.
paid claim	Claim that has had some dollar amount paid to the provider, but the amount may be less than the amount billed by the provider.
paid claims history file	History of all claims received by IHCP that have been handled by the computer processing system through a terminal point. Besides keeping history information on paid claims, this file also has records of claims that were denied.
paper claim	A claim for services that was submitted on a paper claim form rather than via electronic means; also seen as *hard copy* and *manual*.
paperless claims	Claims sent by electronic means; equivalent to EMC, ECS, ECC, and similar terms denoting claim transmittal via electronic media.
parameter	Factor that determines a range of variations.
Part A	Medicare hospital insurance that helps pay for medically necessary inpatient hospital care, and after a hospital stay, for inpatient care in a skilled nursing facility, for home care by a home health agency or hospice care by a licensed and certified hospice agency. See also *Medicare, Beneficiary*.

Part B	Medicare medical insurance that helps pay for medically necessary physician services, outpatient hospital services, outpatient physical therapy, and speech pathology services, and a number of other medical services and supplies that are not covered by the hospital insurance. Part B will pay for certain inpatient services if the beneficiary does not have Part A. See also *Medicare, SMIB, Buy-In*.
participant	One who participates in the IHCP as either a provider or a member of services.
participating members	Individuals who receive Title XIX services during a specified period of time.
participating providers	Providers who furnish Title XIX services during a specified period of time.
participation agreement	A contract between a provider of medical service and the state that specifies the conditions and the services the facility must provide to serve IHCP members and receive reimbursement for those services.
PAS	Pre-admission screening. A nursing home and community-based services program implemented on January 1, 1987, that is designed to screen a member's potential for remaining in the community and receiving community-based services as an alternative to nursing home placement.
PAS Form 4B	Pre-Admission Screening Notice of Assessment Determination form.
PASRR	Pre-Admission Screening and Resident Review. A set of federally required long-term care resident screening and evaluation services, payable by the Medicaid program, and authorized by the Omnibus Budget and Reconciliation Act of 1987.
payouts	Generate payments to providers for monies owed to them that are not claim related. Payouts are done as the result of cost settlements or to return excess refunds to the provider.
PC	Personal computer.
PCA	Physician's Corporation of America. An HMO providing health benefits to Medicaid clients.
PCCM	Members in the Primary Care Case Management delivery system are linked to a primary medical provider (PMP) that acts as a gatekeeper by providing and arranging for most of the members' medical care. The PMP receives an administrative fee per month for every member and is reimbursed on a fee-for-service basis.
PCN	Primary care network.
PCP	Primary Care Provider.
PCP	Primary care physician. A physician the majority of whose practice is devoted to internal medicine, family/general practice, and pediatrics. An obstetrician/gynecologist may be considered a primary care physician.
PDD	Professional data dimensions.
PDR	Provider Detail Report/Provider Desk Review.

peer	A person or committee in the same profession as the provider whose claim is being reviewed.
peer review	An activity by a group or groups of practitioners or other providers, by which the practices of their peers are reviewed for conformance to generally-accepted standards.
PEN	Parenteral and enteral nutrition .
pending (claim)	Action of postponing adjudication of a claim until a later processing cycle.
per diem	Daily rate charged by institutional providers.
performing provider	Party who actually performs the service/provides treatment.
PERS	Personal emergency response system, an electronic device which enables the consumer to secure help in an emergency.
personal care	Optional Medicaid benefit that allows a state to provide attendant services to assist functionally impaired individuals in performing the activities of daily living (for example, bathing, dressing, feeding, grooming). Indiana provides Primary Home Care Services under this option. See also *Primary Home Care*.
PET	Positron Emission Tomography.
PGA	Peer group average.
PHC	Primary home care. IHCP-funded community care that provides personal care services to over 40,000 aged or disabled people in Indiana. PHC is provided as an optional state plan benefit. See also *Personal Care*.
PHCSP	Preventive health care services provider; a provider of well-child care, pre-natal care services, or care coordination services.
PHO	Physician hospital organization.
PHP	Prepaid health plan. A partially capitated managed care arrangement in which the managed care company is at risk for certain outpatient services. See also *VISTA*.
physician hospital organization	An organization whose board is composed of physicians, but with a hospital member, formed for the purpose of negotiating contracts with insurance carriers and self-insured employers for the provision of health care services to enrollees by the hospital and participating members of the hospital's medical staff.
PKU	Phenylketonuria.
Plan of Care	A formal plan developed to address the specific needs of an individual. It links clients with needed services.
PM/PM	Per member per month. Unit of measure related to each member for each month the member was enrolled in a managed care plan. The calculation is as follows: # of units/member months (MM).
PMF	Provider master file.

PMP	Primary medical provider. A physician who approves and manages the care and medical services provided to IHCP members assigned to the PMP's care.
pool (risk pool)	A defined account (for example, defined by size, geographic location, claim dollars that exceed **x** level per individual, and so forth) to which revenue and expenses are posted. A risk pool attempts to define expected claim liabilities of a given defined account as well as required funding to support the claim liability.
POS	Place of service or point of sale, depending on the context.
PPO	Preferred provider organization. An arrangement between a provider network and a health insurance carrier or a self-insured employer. Providers generally accept payments less than traditional fee-for-service payments in return for a potentially greater share of the patient market. PPO enrollees are not required to use the preferred providers, but are given strong financial incentives to do so, such as reduced coinsurance and deductibles. Providers do not accept financial risk for the management of care. See also *Exclusive Provider Organization (EPO)*.
PR	Provider relations.
practitioner	An individual provider. One who practices a health or medical service profession.
Premium	Due from member in order to be eligible for Package C.
pre-payment review	Provider claims suspended temporarily for dispositioning and manual review by the HCE SUR Unit.
prescription medication	Drug approved by the FDA that can, under federal or state law, be dispensed only pursuant to a prescription order from a duly licensed physician.
preventive care	Comprehensive care emphasizing priorities for prevention, early detection and early treatment of conditions, generally including routine physical examination, immunization, and well person care.
pricing	Determination of the IHCP allowable.
primary care	Basic or general health care traditionally provided by family practice, pediatrics, and internal medicine.
prime contractor	Contractor who contracts directly with the State for performance of the work specified.
print-out	Reports and information printed by the computer on data correlated in the computer's memory.
prior authorization	An authorization from the IHCP for the delivery of certain services. It must be obtained prior to the service for benefits to be provided within a certain time period, except in certain allowed instances. Examples of such services are abortions, goal-directed therapy, and EPSDT dental services.
Prior Authorization or Prior Review and Approval	The procedure for the office's prior review and authorization, modification, or denial of payment for covered medical services and supplies within IHCP allowable charges. It is based on medical reasonableness, necessity, and other criteria as described in the *IAC Covered Services Rule* and *Medical Policy Rule* found in the *Appendix* to this manual.

private trust	Trust fund available to pay medical expenses.
PRO	Peer review organization.
procedure	Specific, singular medical service performed for the express purpose of identification or treatment of the patient's condition.
procedure code	A specific identification of a specific service using the appropriate series of coding systems such as the CDT, CPT, HCPCS, or ICD-9-CM.
processed claim	Claim where a determination of payment, nonpayment, or pending has been made. See also *Adjudicated Claim*.
Pro-DUR	Prospective Drug Utilization Review. The federally mandated, Medicaid-specific prospective drug utilization review system and all related services and activities necessary to meet all federal Pro-DUR requirements and all DUR requirements.
profile	Total view of an individual provider's charges or a total view of services rendered to a member.
program director	Person at the contractor's local office who is responsible for overseeing the administration, management, and daily operation of the MMIS contract.
prosthetic devices	Devices that replace all or part of an internal body organ or replace all or part of the function of a permanently inoperative or malfunctioning body organ or limb.
provider	Person, group, agency, or other legal entity that is enrolled as a provider of services and provides a covered IHCP service to an IHCP member.
Provider Agreement	A contract between a provider and the OMPP setting out the terms and conditions of a provider's participation in the IHCP. It must be signed by the provider prior to any reimbursement for providing covered services to members.
provider enrollment application	Required document for all providers who provide services to IHCP members.
provider manual	Primary source document for IHCP providers.
provider networks	Organizations of health care providers that service managed care plans. Network providers are selected with the expectation they deliver care inexpensively, and enrollees are channeled to network providers to control costs.
provider number	Unique individual or group number assigned to practitioners participating in the IHCP.
provider relations	Function or activity within that handles all relationships with providers of health care services.
provider type	Classification assigned to a provider such as hospital, doctor or dentist.
PSRO	Professional standards review organization.
purged	Claims are removed from history files according to specific criteria after 36 months from the claim's last financial date. Claims data is online for up to 36 months.

QA	Quality assurance.
QARI	Quality Assurance Reform Initiative. Guidelines established by the federal government for quality assurance in Medicaid managed care plans.
QDWI	Qualified disabled working individual. A federal category of Medicaid eligibility for disabled individuals whose incomes are less than 200 percent of the federal poverty level. Medicaid benefits cover payment of the Medicare Part A premium only.
QM	Quality management.
QMB	Qualified Medicare beneficiary. A federal category of Medicaid eligibility for aged, blind, or disabled individuals entitled to Medicare Part A whose incomes are less than 100 percent of the federal poverty level and assets less than twice the SSI asset limit. Medicaid benefits include payment of Medicare premiums, coinsurance, and deductibles only.
QMHP	Qualified mental health professional.
QMRP	Qualified mental retardation professional.
quality improvement	A continuous process that identifies problems in health care delivery, tests solutions to those problems, and constantly monitors the solutions for improvement.
QUCR	Quarterly Utilization Control Reports.
query	An inquiry for specific information not supplied on standardized reports.
RA	Remittance advice. A summary of payments produced by Indiana*AIM* explaining the provider reimbursement. RAs are sent to providers along with checks or EFT records.
Rate-Setting Contractor	An entity under contract with the OMPP to perform rate-setting activities.
RBA	Room and Board Assistance.
RBMC	In a risk-based managed care delivery system, the OMPP pays contracted managed care organizations (MCOs) a capitated monthly premium for each IHCP enrollee in the MCO's network. The care of members enrolled in the MCO is managed by the MCO through its network of PMPs, specialists and other providers of care, who contract directly with the MCO.
RBRVS	Resource-based relative value scale. A reimbursement method used to calculate payment for physician, dentists, and other practitioners.
reasonable charge	Charge for health care services rendered that is consistent with efficiency, economy, and quality of the care provided, as determined by the OMPP.
reasonable cost	All costs found necessary in the efficient delivery of needed health services. Reasonable cost is the normal payment method for Medicare Part A.
recidivism	The frequency of the same patient returning to a provider with the same presenting problems. Usually refers to inpatient hospital services.

Red Book	Listing of the average wholesale drug prices.
referring provider	Provider who refers a member to another provider for treatment service.
regulation	Federal or state agency rule of general applicability designed and adopted to implement or interpret law, policy, or procedure.
reimbursement	Payment made to a provider, pursuant to Federal and State law, as compensation for providing covered services to members.
reinsurance	Insurance purchased by an HMO, insurance company, or self-funded employer from another insurance company to protect itself against all or part of the losses that may be incurred in the process of honoring the claims of its participating providers, policy holders, or employees and covered dependents. See also *Stop-Loss Insurance*.
rejected claim	Claim determined to be ineligible for payment to the provider, contains errors, such as claims for noncovered services, ineligible provider or patient, duplicate claims, or missing provider signature. Returned to the responsible provider for correction and resubmission prior to data entry into the system.
related condition	Disability other than mental retardation which manifests during the developmental period (before age 22) and results in substantial functional limitations in three of six major life activities (for example, self-care, expressive/receptive language, learning, mobility, self-direction, and capacity for independent living). These disabilities, which may include cerebral palsy, epilepsy, spina bifida, head injuries, and a host of other diagnoses, are said to be related to mental retardation in their effect upon the individual's functioning.
remittance advice (RA)	Comprehensive billing information concerning the member disposition of a provider's submitted IHCP claims.
Remittance and Status Report (R/A)	A computer report generated weekly to a provider to inform the provider about the status of finalized and pending claims. The R/A includes EOB codes that describe the reasons for claim cutbacks, and denials. The provider receives a check enclosed in the R/A when claims are paid.
rendering provider	A provider employed by a clinic or physician group that provides service as an employee. The employee is compensated by the group and therefore does not bill directly.
rep	Provider relations representative.
repayment receivables	Transaction established in the Cash Control System when a provider has received payment to which he was not entitled.
report item	Any unit of information or data appearing on an output report.
required field	Screen field that must be filled to display or update desired information.
resolution	Step taken to correct an action that caused a claim to suspend from the system.
resolutions	The area within the processing department responsible for edit and audit correction.
Retro-DUR	Retrospective Drug Utilization Review.

RFI	Request for Information.
RFP	Request for Proposals.
RHC	Rural health clinic
RID	Recipient Identification (ID) number; the unique number assigned to a member who is eligible for IHCP services.
risk contract	An agreement with an MCO to furnish services for enrollees for a determined, fixed payment. The MCO is then liable for services regardless of their extent, expense or degree. See also *MCO, Pool, Risk Pool.*
RN	Registered Nurse.
RNC	Registered Nurse Clinician.
route	Transfer of a claim to a certain area for special handling and review.
routine	A condition that can wait for a scheduled appointment.
RPT	Registered physical therapist.
RPTS	Research Project Tracking System.
RR	Resident review.
RUG	Resource Utilization Group.
rural health clinic	Any agency or organization that is a rural health clinic certified and participating under Title XVIII of the Social Security Act and has been designated by DHS as a Title XIX rural health clinic.
RVS	Relative value study. A procedure coding structure for all medical procedures, based on the most common procedure used, that assigns relative value units to medical procedures according to the degree of difficulty.
RVU	Relative value unit.
SA/DE	State Authorization/Data Entry.
SBOH	State Board of Health; previous term for the State Department of Health.
SCP	Specialty care physicians.
screening	The use of quick, simple procedures carried out among large groups of people to sort out apparently well persons from those who have a disease or abnormality and to identify those in need of more definitive examination or treatment.
SD	Standard deviation.
SDA	Standard dollar amount.
SDX	State Data Exchange System. The Social Security Administration's method of transferring SSA entitlement information to the State.

SED	Seriously emotionally disturbed.
SEH	Seriously emotionally handicapped.
selective contracting	Option under Section *1915(b)* of the Social Security Act that allows a state to develop a competitive contracting system for services such as inpatient hospital care.
SEPG	Software Engineering Process Group.
service date	Actual date on which a service(s) was rendered to a particular member by a particular provider.
service limits	Maximum number of service units to which a member is entitled, as established by the IHCP for a particular category of service. For example, the number of inpatient hospital days covered by the IHCP might be limited to no more than 30 days.
SG	Steering group.
shadow claims	Reports of individual patient encounters with a managed care organization's (MCO's) health care delivery system. Although MCOs are reimbursed on a per capita basis, these claims from MCOs contain fee-for-service equivalent detail regarding procedures, diagnoses, place of service, billed amounts, and the rendering or billing providers.
SI/IS	Severity of illness/intensity of services.
SIPOC	System map outlining suppliers, inputs, processes/functions, outputs, and customers.
SLMB	Specified low-income Medicare beneficiary. A federal category defining Medicaid eligibility for aged, blind, or disabled individuals with incomes between 100 percent and 120 percent of the federal poverty level and assets less than twice the SSI asset level. Medicaid benefits include payment of the Medicare Part B premium only.
SMI	Severely mentally ill.
SMI	Supplemental medical insurance, Part B of Medicare.
SNF	Skilled nursing facility.
SOBRA	Sixth Omnibus Budget Reconciliation Act.
SOBRA	Omnibus Budget Reconciliation Act of 1986.
SPC	Statistical process control.
special vendors	Provide support to IHCP business functions but the vendors are not currently Medicaid fiscal agents.
specialty	Specialized practice area of a provider.
specialty certification	Certification or approval by professional academy, association, or society that designates this provider has demonstrated a given level of training or competence and is a fellow or specialist.

specialty vendors	Provide support to IHCP business functions but the vendors are not currently IHCP fiscal agents.
Spend-down	Process whereby IHCP eligibility may be established if an individual's income is more than that allowed under the State's income standards and incurred medical expenses are at least equal to the difference between the income and the medically needy income standard.
SPMI	Severe and persistent mental illness.
SPR	System performance review.
SSA	Social Security Administration of the federal government.
SSCN	Social security claim number. Account number used by SSA to identify the individual on whose earnings SSA benefits are being paid. It is a social security account number followed by a suffix, sometimes as many as three characters, designating the type of beneficiary (for example, wife, widow, child, and so forth). The SSCN is the number that must be used in the Buy-In program. A beneficiary can have his own SSN but be receiving benefits under a different claim number.
SSI	Supplementary Security Income. A federal supplemental security program providing cash assistance to low-income aged, blind, and disabled persons.
SSN	Social Security Account Number. The number used by SSA throughout a wage earner's lifetime to identify his or her earnings under the Social Security Program. This account number consists of nine figures generally divided into three hyphenated sets, such as 000-00-0000. The account number is commonly known as the Social Security Number. The number is not to be confused with Social Security Claim Number.
SSP	State Supplement Program. State-funded program providing cash assistance that supplements the income of those aged, blind, and disabled individuals who are receiving SSI (or who, except for income or certain other criteria, would be eligible for SSI).
SSRI	Selective Serotonin Re-uptake Inhibitor.
Staff Model HMO	Health care model that employs physicians to provide health care to its members. All premiums and other revenues accrue to the HMO, which compensates physicians by salary and incentive programs.
standard business	Health care business within the private sector of the industry, such as Blue Cross and Blue Shield.
State	Spelled as shown, State refers to the state of Indiana and any of its departments or agencies.
State fiscal year	A 12-month period beginning July 1 and ending June 30.
State Form 11971	See *8A*.
State Form 7748	Medicaid Financial Report, used for cost reporting.
State Medicaid Office	Office of Medicaid Policy and Planning, within the Family and Social Services Administration, responsible for administering the IHCP in Indiana.

State Plan	The medical assistance plan of Indiana as approved by the Secretary of Health, Education and Welfare in accordance with provisions of Title XIX of the Social Security Act, as amended.
status	Condition of a claim at a given time; such as paid, pended, denied, and so forth.
stop-loss insurance	Insurance coverage taken out by a health plan or self-funded employer to provide protection from losses resulting from claims greater than a specific dollar amount per covered person per year (calendar year or illness-to-illness). Types of stop-loss insurance: (1) Specific or individual-reimbursement is given for claims on any covered individual which exceed a predetermined deductible, such as $25,000 or $50,000; (2) Aggregate-reimbursement is given for claims which in total exceed a predetermined level, such as 125 percent of the amount expected in an average year. See also *Reinsurance*.
subcontractor	Any person or firm undertaking a part of the work defined under the terms of a contract, by virtue of an agreement with the prime contractor. Before the subcontractor begins, the prime contractor must receive the written consent and approval of the State.
submission	The act of a provider sending billings to EDS for payment.
subsystem	A Medicaid term that refers to one of the following (I)HIS processing components: member's subsystem, provider subsystem, claims processing subsystem, reference file subsystem, surveillance and utilization review subsystem, and management and administrative reporting subsystem.
SUR	Surveillance and Utilization Review. Refers to system functions and activities mandated by the Centers for Medicare and Medicaid Services (CMS) that are necessary to maintain complete and continuous compliance with CMS regulatory requirements for SUR including the following SPR requirements:

1) Statistical analysis
2) Exception processing
3) Provider and member profiles
4) Retrospective detection of claims processing edit and audit failures and errors
5) Retrospective detection of payments and/or utilization inconsistent with State or federal program policies and/or medical necessity standards
6) Retrospective detection of fraud and abuse by providers or members
7) Sophisticated data and claim analysis including sampling and reporting
8) General access and processing features
9) General reports and output

Survey Agency	The ISDH is the designated survey agency responsible for surveying, monitoring, reviewing, and certifying institutional providers of service who request or agree to participate in the IHCP. The ISDH also certifies several other provider types. These types are discussed under the section titled; *State, County Contractor Responsibilities* included in this chapter.
suspended transaction	A suspended transaction requires further action before it becomes a paid or denied transaction, usually because of the presence of error(s).

suspense file	Computer file where various transactions are placed that cannot be processed completely, usually because of the presence of an error condition(s).
systems analyst or engineer	Responsible for performing the following activities: Detailed system and program design System and program development Maintenance and modification analysis and resolution User needs analysis User training support Development of personal IHCP knowledge
TANF	Temporary Assistance for Needy Families. A replacement program for Aid to Families with Dependent Children.
TBI	Traumatic brain injury.
TEFRA	Tax Equity and Fiscal Responsibility Act of 1982. The federal law which created the current risk and cost contract provisions under which health plans contract with CMS and which define the primary and secondary coverage responsibilities of the Medicare program.
TEFRA 134(a)	Provision of the Tax Equity and Fiscal Responsibility Act of 1982 that allows states to extend Medicaid coverage to certain disabled children.
therapeutic classification	Code assigned to a group of drugs that possess similar therapeutic qualities.
third party	An individual, institution, corporation, or public or private agency that is liable to pay all or part of the medical cost of injury, disease, or disability of an applicant for, or member of, medical assistance under Title XIX.
third-party resource	A resource available, other than from the department, to an eligible member for payment of medical bills. Includes, but is not limited to, health insurance, workmen's compensation, liability, and so forth.
Title I	The Old Age Assistance Program that was replaced by the Supplemental Security Income program (SSI).
Title II	Old Age, Survivors and Disability Insurance Benefits (Social Security or OASDI).
Title IV-A	AFDC, WIN Social Services.
Title IV-B	Child Welfare.
Title IV-D	Child Support.
Title IV-E	Foster Care and Adoption.
Title IV-F	Job Opportunities and Basic Skills Training.
Title V	Maternal and Child Health Services.
Title X	Aid to the Blind program (AB) replaced by the SSI.

Title XIV	Permanently and Totally Disabled program (PTD) replaced by the SSI.
Title XIX	Provisions of Title 42, United States code Annotated Section 1396-1396g, including any amendments thereto.
Title XIX Hospital	Hospital participating as a hospital under Medicare, that has in effect a utilization review plan (approved by DHS) applicable to all recipients to whom it renders services or supplies, and which has been designated by DHS as a Title XIX hospital; or a hospital not meeting all of the requirements of Subsection A.5.1.0.0.0 of the RFP but that renders services or supplies for which benefits are provided under Section 1814 (d) of Medicare or would have been provided under such section had the recipients to whom the services or supplies were rendered been eligible and enrolled under part A of Medicare, to the extent of such services and supplies only, and then only if such hospital has been approved by DHS to provide emergency hospital services and agrees that the reasonable cost of such services or supplies, as defined in Section 1901 (a) (13) of title XIX, shall be such hospital's total charge for such services and supplies.
Title XV	ISSI.
Title XVI	The SSI.
Title XVIII	The Medicare Health Insurance program covering hospitalization (Part A) and medical insurance (Part B); the provisions of Title 42, United States Code Annotated, Section 1395, including any amendments thereto.
TPL	Third Party Liability. A client's medical payment resources, other than Medicaid, available for paying medical claims. These resources generally consist of public and private insurance carriers.
TPL/Drug Rebate Services	Refers to *Service Package #3: Third-Party Liability and Drug Rebate Services.*
TPN	Total Parenteral Nutrition.
TQM	Total Quality Management.
trend	Measure of the rate at which the magnitude of a particular item of date is changing.
TRICARE	Formerly known as the Civilian Health and Medical Plan for the Uniformed Services (CHAMPUS); health-care plan for active duty family members, military retirees, and family members of military retirees.
UB-92	Standard claim form used to bill hospital inpatient and outpatient, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), and hospice services.
UCC	Usual and customary charge.
UCL	Upper control limit, pertaining to quality control charts.
UCR	Usual, customary, and reasonable charge by providers to their most frequently billed nongovernmental third party payer.
UM	Utilization management.

unit of service	Measurement divisions for a particular service, such as one hour, one-quarter hour, an assessment, a day, and so forth.
UPC	Universal product code. Codes contained on the first data bank tape update or applied to products such as drugs and other pharmaceutical products.
UPIN	Universal provider identification number.
UR	Utilization Review. A formal assessment of the medical necessity, efficiency, or appropriateness of health care services and treatment plans on a prospective, concurrent or retrospective basis.
urgent	Defined as a condition not likely to cause death or lasting harm, but for which treatment should not wait for the next day or a scheduled appointment.
user	Data processing system customer or client.
USL	Upper specification limits, pertaining to quality control charts.
USPHS	United States Public Health Service.
utilization	The extent to which the members of a covered group use a program or obtain a particular service, or category of procedures, over a given period of time. Usually expressed as the number of services used per year or per numbers of persons eligible for the services.
utilization management	Process of integrating review and case management of services in a cooperative effort with other parties, including patients, employers, providers, and payers.
VA	Veterans Administration.
VFC	Vaccines for Children program.
VIP	Validation Improvement Plan.
VRS	Voice Response System, primarily seen as AVR, automated voice response system.
WAN	Wide area network.
waiver	Waiver allows members to move from the traditional Medicaid environment to a less restrictive environment. Some of the statutory entitlements are waved for the member.
WIC	Women, Infants, and Children program. A federal program administered by the Indiana Department of Health that provides nutritional supplements to low-income pregnant or breast-feeding women, and to infants and children younger than five years old.
workmen's compensation	A type of third-party liability for medical services rendered as the result of an on-the-job accident or injury to an individual for which his employer's insurance company may be obligated under the Workman's Compensation Act.
Y2K	Year 2000. Commonly used in computer system compliance issues.

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